

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

Dr. Wells

02974

322

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

Washington
County
City or town
Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 Hour

Hospital, Institution, or street address where death occurred:

Cor. of Foundry & Church Sts.

How long in hospital or institution?

3. (a) FULL NAME

Jeremiah Alonzo Andrews

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife Mollie

7. Birth date of deceased (mo. day yr.) July 15 1869

6. (c) If alive, give age 70 years

8. AGE: Years Months Days If less than one day
76 8 11 hrs. . . . min.9. Birthplace Wilson Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Porter

11. Industry or business Rands Cut Rate Drug Store

12. Name Jeremiah Andrews

13. Birthplace Chambersburg Pa.

14. Maiden name Mary Johnson

15. Birthplace Wilson Md.

16. Informant Mrs Mollie Andrews

Address Hagerstown Md.

17. Burial Date thereof 3/28/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. March 27 46 (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1091 Virginia Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

220 - 09 - 7980

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19

and that I last saw h alive on 19

Immediate cause of death

DURATION

Due to Acute coronary
obstruction

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

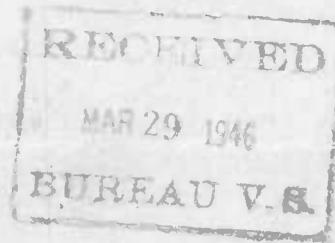
Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE J. Robert Wells DEPUTY MEDICAL EXAM.
WASH. CO. MD. M. D.

Address Hagerstown, Md. Date sign 3/26/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18-2

Dr. Kneisly
PC 12

313

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

Washington

County

Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 Months

Hospital, Institution, or street address where death occurred:

Hillcrest Nursing Home

How long in hospital or institution?

3. (a) FULL NAME

Mrs Florence Winter Ankeney

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Widow

6.(b) Name of husband or wife Alfred

7. Birth date of deceased (mo., day, yr.) Jany. 23 1867

8. (c) If alive, give age years

8. AGE: Years Months Days If less than one day
79 1 21 hrs. min.9. Birthplace Hagerstown Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name William Winter

13. Birthplace Hagerstown Md.

14. Maiden name Eliz. Summer

15. Birthplace Hagerstown Md.

16. Informant Miss E. May Winter

Address Chevy Chase Md.

17. Burial Date thereof 3/22/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

March 22 46 (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 433 West Washington St.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION A.M.

20. DATE OF DEATH March 20 1946 at 10:40

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 13, 1945 19 to Mar. 20, 1946

and that I last saw her alive on March 18, 1946 19.

Immediate cause of death Chronic myocarditis with congestive failure DURATION

3 yrs.

Due to Fracture of femur, due to

Due to Accidental fall, in her home

Recent fracture of femur Other conditions summer of 1945

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of

Where did injury occur? (City or town) (County) (State)

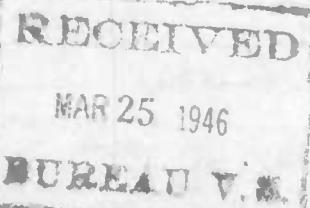
Injured at home, farm, industry, public place (where?) in her home

Means of injury Accidental fall Injured at work?

23. SIGNATURE

M. D. or other

Address 148 W. Washington St., Date signed 3/21/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 402975

Reg. Dist. No. 303

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

Washington County.....

City or town..... Clearspring, Rural.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Three Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Oliver Beard

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Single

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

September 1 1881

8. AGE:

Years

Months

Days

If less than one day

64

6

14

hrs.

min.

9. Birthplace..... Washington County.....

(Town, county, and state)

10. Usual occupation..... Farming

11. Industry or business

12. Name..... Samuel Beard

13. Birthplace..... Washington County

14. Maiden name..... Maria Smith

15. Birthplace..... Washington County

16. Informant..... Miss. Bessie Hart

Address..... Clearspring, Md. Rural

17. Burial..... March 17 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or cemetery..... Stone Bridge Cemetery

Location..... Washington Co. Near Hancock

18. Funeral director..... Snyder - Rowland

Address..... Clearspring, Md.

19. March 17 1946

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Washington

City or town..... Clearspring, Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 14

19 46 at 10 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~October Feb 15 1946~~ to ~~Mar 13 1946~~ 1946, and that I last saw him alive on ~~Mar 13 1946~~ 1946.

Immediate cause of death.....

Carcinoma of Rectum 1 year

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

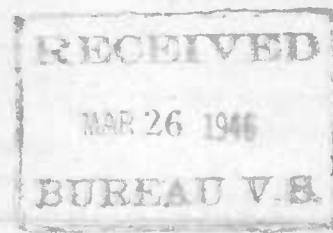
Injured at work?

23. SIGNATURE.....

David P. Brewer M.D.

M. D. or other

Address..... Clear Spring Md. Date signed..... 3/15/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 240

CERTIFICATE OF DEATH

02976

Reg. Dist. No.

301

1. PLACE OF DEATH:

County Washington County

City or town Williamsport, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

25 E. Artizan St. Williamsport, Md.

How long in hospital or institution?

3. (a) FULL NAME

Charles Ira Betts

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

6. (b) Name of husband or wife..... Lucretia Betts

6. (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.)

Nov. 21 1880

8. AGE:

Years

Months

Days

If less than one day

65

4

5

hrs. min.

9. Birthplace Security Md.

(Town, county, and state)

10. Usual occupation Hagerstown Rubber Co.

11. Industry or business Hagerstown Rubber Co.

12. Name..... Jacob Franklin Betts

13. Birthplace Near Hagerstown Md.

14. Maiden name..... Amanda Howard

15. Birthplace Maryland

16. Informant Mrs. Lucretia Betts (wife)

Address 25 Artizan St. Williamsport, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof March 29 1946

(month) (day) (year)

Cemetery or crematory Riverview Cemetery

Williamsport, Md.

Location

18. Funeral director Edith V. Leaf

Address #7 Church St. Williamsport, Md.

Address

3. (Date rec'd by registrar)

19. 3/29/46

19. 46

(Date signed)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Washington

City or town Williamsport, Maryland

(If outside city or town limits, write RURAL and give nearest town)

Street No. 25 S. Artizan St.

(If rural, give LOCATION)

2.(a) If veteran, name war..... None

3. (b) Social Security Number

216-07-1166

MEDICAL CERTIFICATION

20. DATE OF DEATH

3/26/46 19 at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3/26/46 19, to 3/26/46 19,

and that I last saw him alive on 3/26/46 19.

Immediate cause of death

Cyanide

Thrombosis of

DURATION

4 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

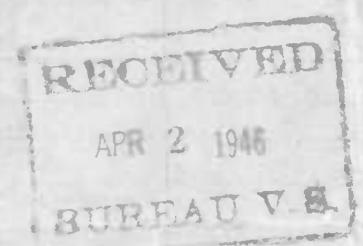
23. SIGNATURE

M. D. or other

Address

Date signed

3/27/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 113

CERTIFICATE OF DEATH

Reg. Dist. No. 0297702

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15

1. PLACE OF DEATH: Washington
County.....

City or town..... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Washington Co. Hospital

How long in hospital or institution? 1 day

3. (a) FULL NAME Michael A. Boschert

| | | |
|--------|------------------|---|
| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
| Male | White | Single |

8. (b) Name of husband or wife.....
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1940

| | | | | |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 5 | 7 | 27 | hrs. min. |

9. Birthplace..... Hagerstown, Washington Co. Md
(Town, county, and state)

10. Usual occupation..... None

11. Industry or business.....

12. Name..... John A. Boschert
13. Birthplace..... Baltimore, Maryland

MOTHER FATHER
14. Maiden name..... S. Beryle Smith
15. Birthplace..... Edinburgh, Ind.

16. Informant..... John A. Boschert
Address..... Breathedsville, Md

17. Burial..... 3-21-46
(Burial, cremation, or removal. Which?) Date thereof.....
(month) (day) (year)

Cemetery or crematory..... Rose Hill Cemetery
Location..... Hagerstown, Maryland

18. Funeral director..... C. M. Suter & Sons
Address..... Hagerstown, Maryland

19. Mar. 20. 46..... Charles H. Bowers
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland County..... Washington

City or town..... Breathedsville
(If outside city or town limits, write RURAL and give nearest town)

Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Mar. 19 1946 at 4¹⁰ A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Mar. 18 1946 to Mar. 19 1946

and that I last saw him..... alive on Mar. 19 1946

Immediate cause of death..... Shock - secondary to operation

for Post Tonsillectomy bleeding

Due to..... loss of blood and anesthesia

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Robert P. Conrad, M.D.

M. D. or other.....

Address..... Hagerstown, Md Date signed..... Mar. 20. 46

Registrar.....



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93D

(2978) Dr. Ditto

289

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

22 Years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

2014 Virginia Ave.

How long in hospital or institution?

3. (a) FULL NAME

Mrs Bessie Margaret Bower

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

Female White Widow

6. (b) Name of husband or wife John N.

7. Birth date of deceased (mo., day, yr.) July 4 1871

6. (c) If alive, give age years

8. AGE: Years Months Days It less than one day
74 8 3 hrs. min.9. Birthplace St. James Wash. Co., Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Isaac Rowland

13. Birthplace St. James Md.

14. Maiden name Ellen Monegan

15. Birthplace St. James Md.

16. Informant Isaac H. Diebert

Address Hagerstown Md.

17. Burial Date thereof 3/9/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

March 8 1946 Bessie Bower
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2014 Virginia Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION A.M.

20. DATE OF DEATH March 7 1946 AM 12:15

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 3-1946 to Mar 7 1946

and that I last saw her alive on Mar 6-1946 1946

Immediate cause of death

Ch. Myocarditis 46 hrs DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

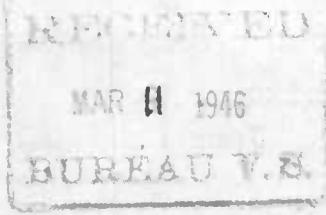
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

Dr. Ditto M. D. or other
Hagerstown Md. Date signed 3/8/46



I

VS A15-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23rd

CERTIFICATE OF DEATH

02979

Reg. Dist. No. 301

1. PLACE OF DEATH:
County Washington County
City or town Williamsport, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 year

Hospital, Institution, or street address where death occurred:
RFD #1 Williamsport, Md.

How long in hospital or institution?

3. (a) FULL NAME
Mary Elizabeth Bowers

| | | |
|--------|------------------|---|
| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
| Female | White | Married |

6.(b) Name of husband or wife Joseph Bowers
deceased

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1865

| | | | | |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 80 | 0 | 18 | hrs. min. |

9. Birthplace Clearspring Md.
(Town, county, and state)10. Usual occupation Housewife
Home

11. Industry or business

12. Name Joseph Bowers

13. Birthplace Clearspring Md

14. Maiden name Mary Kinsel

15. Birthplace Clearspring Md

18. Informant Mr. John Bowers
Address Williamsport Md RFD #1

17. Burial Date thereof March 16 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Blairs Valley Cemetery

Location Clearspring Md. RFD

18. Funeral director Edith V. Leaf

Address #7 Church St. Williamsport, Md

March 16 1946 Mrs E Lee M. Echoe
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
City or town Williamsport, Md. RFD #1
(If outside city or town limits, write RURAL and give nearest town)

Street No. Williamsport, Md. RFD #1
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number
None

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 13, 1946 at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 13, 1946, to Mar 13, 1946
and that I last saw her alive on Mar 13, 1946

Immediate cause of death Coronary Thrombosis
Duration 3 days

Due to Myocardial Sclerosis 10 yrs

Due to Arterio Sclerosis 10 yrs

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE David P. Brewer M.D.

M. D. or other

Address Clear Spring Md. Date signed 3/14/46

(Date rec'd by registrar)

RECEIVED

MAR 19 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

02980

306

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

Washington County.....

City or town..... Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 years

Hospital, institution, or street address where death occurred:

130 E. Antietam Street

How long in hospital or institution?

3. (a) FULL NAME

Hugh Preston Bowman

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Mary E. Bowman

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Jan. 2, 1880

8. AGE:

Years
66Months
2Days
14

If less than one day

hrs. min.

9. Birthplace Toms Brook Shenandoah Va.

(Town, county, and state)

10. Usual occupation Factory Employee

11. Industry or business

12. Name John W. Bowman

13. Birthplace Shenandoah Co., Va.

14. Maiden name Mary C. Wright

Shenandoah Co., Va.

16. Informant Mrs. Mary E. Bowman

Address 130 E. Antietam St. - Hagerstown

17. Burial Date thereof Mar. 19-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. March 19, 1946 Death record
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 130 E. Antietam Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

214-09-0304

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16, 1946 4:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 15, 1946, to March 16, 1946

and that I last saw him alive on March 16, 1946

Immediate cause of death

cerebral hemorrhage

DURATION

2 days

Due to

Due to

Other conditions

Arteriosclerosis & hypertension

years
(Include pregnancy within 3 months of death)

Major findings or operations

No operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

, Md.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

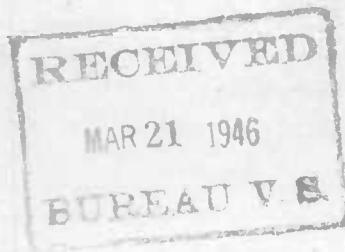
Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE

Ra Bell M. D. or other

Address Hagerstown, Md. Date signed 3/18/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 126

CERTIFICATE OF DEATH

02981

302

Reg. Dist. No. 302

316

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
(If outside city or town limits, write RURAL and give nearest town)

27 years

How long in above place of death?

Hospital, institution, or street address where death occurred:
 Washington County Hospital

2 days

How long in hospital or institution?

3. (a) FULL NAME

William Allan Brown

| | | |
|--------|------------------|--|
| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
| Male | White | Married |

Greta C. Brown

66

6. (c) If alive, give age, years

7. Birth date of deceased (mo., day, yr.) June 12, 1877

| | | | | |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 68 | 9 | 5 |hrs.min. |

Greencastle, Pa.

(Town, county, and state)

10. Usual occupation.

Physician

11. Industry or business

12. Name Oliver Brown

13. Birthplace Path Valley, Pa.

14. Maiden name Isabelle Hudson

15. Birthplace Path Valley, Pa.

16. Informant Mrs. William A. Brown

Address Hagerstown, Maryland

17. Burial

(Burial, cremation, or removal, which?) Date thereof 3-25-46

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons

Address Hagerstown, Maryland

March 25, 1946

(Date rec'd by registrar)

Death Record

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 952 Mulberry Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number
None

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 23, 1946 at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar. 21, 1946 to Mar. 23, 1946,

and that I last saw him alive on Mar. 23, 1946.

Immediate cause of death

Acute Cholecystitis

Due to Chr. Cholelithiasis

DURATION

5 days

years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

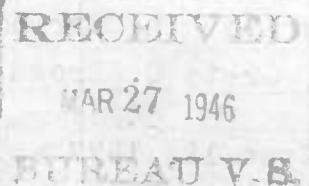
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. L. Stauffer M.D. or other
 Address Hagerstown, Maryland Date signed 2nd



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1860

03128

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington

County.....

City or town.....Augusta Town
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 12 daysHospital, Institution, or street address where death occurred
Washington County Hospital

How long in hospital or institution?

3. (a) FULL NAME: Elizabeth Howe Brubaker4. Sex: Female 5. Color or race: white widow 6. (a) Single, married, widowed, or divorced
widow6. (b) Name of husband or wife: John Brubaker7. Birth date of deceased (mo., day, yr.) April 20 - 1857 8. (c) If alive, give age years8. AGE: Years 88 Months 10 Days 11 If less than one day9. Birthplace: Mifflin County, Penna. (Town, county, and state)10. Usual occupation: School teacher11. Industry or business: Missionary12. Name: William Hope13. Birthplace: Penna14. Maiden name: Sarah Mohler15. Birthplace: Penna16. Informant: Wm. KinsleyAddress: New Windsor, Md.17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof: Mar. 3-1946 (month) (day) (year)Cemetery or crematory: Maryland Between Cem.Location: Mifflin County, Penna18. Funeral director: W. W. Hartwig & SonsAddress: Union Bldg & New Windsor, Md.

19. Mard 2 1946

(Date rec'd by registrar)

Rec'd Mar. 4, 1946 Chas. H. Green

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: WashingtonCity or town: Boonsboro R. I. (If outside city or town limits, write RURAL and give nearest town)Street No.: San Mar Home (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 1 1946 at 2:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 15 1946 to March 1 1946and that I last saw her alive on March 1 1946.

Immediate cause of death:

Chronic myocarditis DURATION 5 yrs.Due to: Fraction of left femur weeksDue to: Accidental fall. Walks, is talkative, walksDue to: everyone else was at dinner. Saw no

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

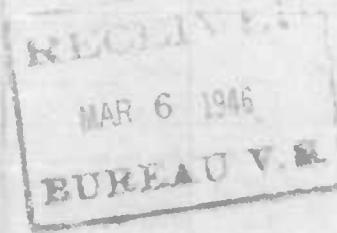
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of February 12th, 1946Where did injury occur? Falvey Memorial Home, Boonsboro, Maryland (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury accidental fall. Injured at work?23. SIGNATURE: J. W. L. Egan, M.D. M. D. or otherAddress: Boonsboro Date signed: 3/1/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

CERTIFICATE OF DEATH

02982

302

Reg. Dist. No.

1. PLACE OF DEATH:

Washington
County.....
Hagerstown
City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 20 years

Hospital, institution, or street address where death occurred:
145 King St.

How long in hospital or institution?.....

3. (a) FULL NAME

Lillie S. Buck

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Widowed

Jacob M. Buck

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) July 27, 1863

8. AGE: Years Months Days If less than one day
82 7 10 hrs. min.

9. Birthplace..... Rhoresville Wash. Md.

(Town, county, and state)

10. Usual occupation..... None

11. Industry or business..... None

12. Name..... Andrew Smith

13. Birthplace..... Rhoresville Md.

14. Maiden name..... Francis Potter

15. Birthplace..... Rhoresville Md.

16. Informant..... Mrs. J. Gehr Newcomer

Address..... Hagerstown Md.

17. Burial Date thereof..... March 9, 1946

(Burial, cremation, or removal. Which?) Cemetery or crematory..... Rhoresville

Location..... Rhoresville Md.

18. Funeral director..... Scott F. Minnich & Son

Address..... Hagerstown Md.

19. Date rec'd by registrar..... March 9, 1946
Registrar..... Scott Powers

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Washington

City or town..... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No..... 145 King St.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 7 46 at 3:45a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 18, 1923, to March 9, 1946, and that I last saw her alive on March 6, 1946.

Immediate cause of death.....

Acute congestive Heart Failure
artery and valvular insufficiency

DURATION

2 days

12-18-23

1933

Due to.....

Due to..... arteriosclerosis

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

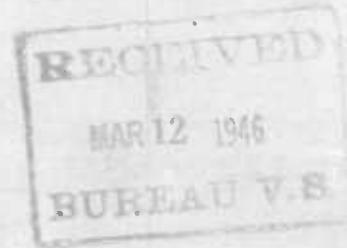
Means of injury.....

Injured at work?

23. SIGNATURE..... W. Howard George

M. D. or other

Address..... Hagerstown Md. Date signed..... March 9, 1946



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30

CERTIFICATE OF DEATH

02983

Reg. Dist. No. 302

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, Institution, or street address where death occurred

129 W. Church Street,

How long in hospital or institution?

3. (a) FULL NAME

Genevieve House

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female Negro Married
George Burden

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo. day, yr.) February 23, 1890

6. (c) If alive, give age 64 years

8. AGE: Years Months Days If less than one day

56 + 9 hrs. min.

9. Birthplace.....

(Town, county, and state) Virginia

10. Usual occupation.....

Domestic

11. Industry or business

12. Name.....

Benjamin House

13. Birthplace.....

Maryland

14. Maiden name.....

Jenny Bell

15. Birthplace.....

Maryland

16. Informant.....

George Burden

Address.....

129 W. Church Street

17. Burial.....

Date thereof..... 3/17/46

(Burial, cremation, or removal, which?)

(month) (day) (year)

Cemetery or crematory.....

Rose Hill Cemetery

Location.....

Hagerstown, Md.

18. Funeral director.....

William H. Murray

Address.....

291 Frederick St Hagerstown

March 7 1946 Chest Caskets

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 7

1946 at 10:15P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 1 1945 to March 7 1946

and that I last saw him/her alive on March 4 1946

Immediate cause of death

Cardiac syncope (cardiovascular syncope)
Heart, right ventricle, fibrillation
with fibrillation of left ventricle
Probable cause
Date ofOther conditions
Fracture of the cervical vertebrae
about 2 years ago.
(Include pregnancy within months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address..... Date signed

Baptist Hospital

Baptist Hospital

RECEIVED

MAR 9 1946

BUREAU F.B.I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

| | | | | |
|--|-------------------------------------|--|------|----------------------|
| 1. PLACE OF DEATH: County..... City or town..... (If outside city or town limits, write RURAL and give nearest town) | | | | |
| Washington, D.C. Hagerstown 1 Year | | | | |
| How long in above place of death? | | | | |
| Hospital, Institution, or street address where death occurred: 38 Avalon Ave | | | | |
| How long in hospital or institution? None | | | | |
| 3. (a) FULL NAME Mrs. Effie Summers Byrum | | | | |
| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced | | |
| Female | White | Widow | | |
| 8. (b) Name of husband or wife..... Charles | | | | |
| 7. Birth date of deceased (mo., day, yr.) September 16 1878 | | | | |
| 8. AGE: | Years | Months | Days | If less than one day |
| | 73 | 5 | 28 | hrs. min. |
| 9. Birthplace..... Myersville Fred. Co. Md. (Town, county, and state) | | | | |
| 10. Usual occupation..... Housewife | | | | |
| 11. Industry or business..... Own Home | | | | |
| MOTHER FATHER | 12. Name..... Jacob Summers | | | |
| | 13. Birthplace..... Myersville Md. | | | |
| | 14. Maiden name..... Mary E. Hoover | | | |
| | 15. Birthplace..... Myersville Md. | | | |
| 16. Informant..... Elmer C. Byrum | | | | |
| Address..... Hagerstown Md. | | | | |
| 17. Burial | Date thereof..... | 3/16/46 | | |
| (Burial, cremation, or removal. Which?) | | | | |
| Cemetery or crematory..... Christian Cemetery | | | | |
| Location..... Beaver Creek Md. | | | | |
| 18. Funeral director..... Andrew K. Coffman | | | | |
| Address..... Hagerstown Md. | | | | |
| 19. | 19. | March 16 46 | | |
| (Date rec'd by registrar) | | | | |

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46 P.A.

CERTIFICATE OF DEATH

Dr. Bell
02984

301

Reg. Dist. No. 302

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

| | |
|--------------------------------------|---|
| State..... Maryland | County..... Washington |
| City or town..... Hagerstown | (If outside city or town limits, write RURAL and give nearest town) |
| Street No..... 38 Avalon Ave | (If rural, give LOCATION) |
| 2.(a) If veteran, name war..... None | |

3. (b) Social Security Number
None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 14 1946 19 at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 18, 1946 to Mar. 14, 1946 and that I last saw her alive on March 5, 1946.

Immediate cause of death.....

carcinoma of liver

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

no operations

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

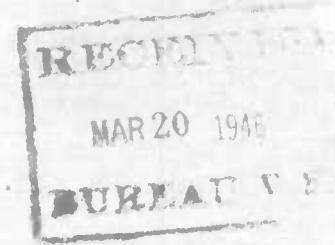
Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Hagerstown Md. Date signed 3/15/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1510

CERTIFICATE OF DEATH

Reg. Dist. No. 302

02985
302

1. PLACE OF DEATH: Washington
 County: Hagerstown
 City or town: Hagerstown (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 3 yrs.
 Hospital, institution, or street address where death occurred: 51 Harmon Ave.
 How long in hospital or institution?

3. (a) FULL NAME Fannie Carter
 4. Sex Female 5. Color or race negro 6. (a) Single, married, widowed, or divorced Married
William H. Carter
 6. (b) Name of husband or wife William H. Carter
 7. Birth date of deceased (mo., day, yr.) June 15, 1889 8. (c) If alive, give age 56 years
 8. AGE: 56 Years 9 Months 16 Days If less than one day hrs. min.
 9. Birthplace Martinsburg W. Va (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Sabine Silks
 12. Name Sabine Silks
 13. Birthplace Virginia
 14. Maiden name Caroline Silks
 15. Birthplace Virginia
 16. Informant William H. Carter
 Address 51 Harmon Ave
 17. Burial Rose Hill Cemetery Date thereof 4/14/46
 (Burial, cremation, or removal, Which?)
 Cemetery or cemetery Hagerstown Md.
 Location Hagerstown Md.
 18. Funeral director William H. Dovney
 Address 29 Frederick St Hagerstown
 19. April 4, 1946 Death Bowers
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State: Maryland County: Hagerstown
 City or town: Hagerstown (If outside city or town limits, write RURAL and give nearest town)
 Street No. 51 Harmon Ave. (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (b) Social Security Number _____

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14, 1946
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Residence 19... to Death 19...
 and that I last saw her alive on 19...

Immediate cause of death Chronic Neglect DURATION 6 mos
 Due to Chronic Neglect DURATION 6 mos

Due to: _____
 Other conditions: _____
 (Include pregnancy within 8 months of death)

Major findings of operations: _____ Date of op. _____

Autopsy results: _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

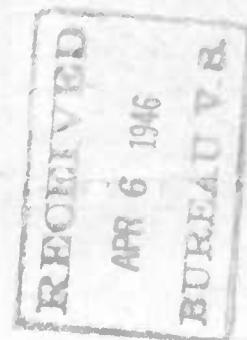
22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide: _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE D. B. Beall M. D. or other _____
 Address Hagerstown, Md. Date signed 4/14/46



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 802

314

CERTIFICATE OF DEATH

02986

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long is above place of death?

Hospital, institution, or street address where death occurred:

Hillcrest Convalescent Home

How long in hospital or institution? 1 week

3. (a) FULL NAME

Elmer E. Colliflower

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Widower

6.(b) Name of husband or wife Annie E. Colliflower
(Deceased)

7. Birth date of deceased (mo., day, yr.) December 18, 1864

8. AGE: Years 81 Months 3 Days 4 If less than one day hrs. min.

9. Birthplace Frederick County, Maryland
(Town, county, and state)

10. Usual occupation Fireman

11. Industry or business Hagerstown Shoe & Legging Co.

12. Name John T. Colliflower

13. Birthplace Frederick Co., Maryland

14. Maiden name Mary Hesser

15. Birthplace Frederick Co., Maryland

16. Informant Edith M. Colliflower

Address Hagerstown, Md.

17. Burial Date thereof Mar. 24, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown, Md.

18. Funeral director L. F. Reecher

Address Funkstown, Md.

19. March 23, 1946 Death Board
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 457 W. Antietam St.
(If rural, give LOCATION)

2.(a) If veteran, name war...

3. (b) Social Security Number

217-09-9940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22, 1946 at 12:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
13 Mar 1946 to 22 Mar 1946
and that I last saw him alive on 22 Mar 1946

Immediate cause of death

Cerebral Hemorrhage

Due to Arterio-sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

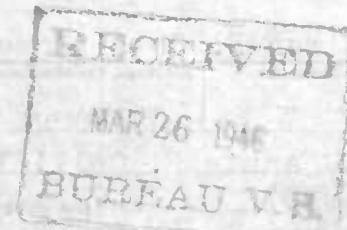
23. SIGNATURE

F. F. Luebke
230 N. Potomac St.

Address Hagerstown, Md. Date signed 23 Mar 46

ATTACHED TO TRANSMITTER STATE ONLY

RECEIVED - STATION 1930



PLEASE, WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1940

Dr. Layman

02987

Reg. Dist. No. 302

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

Washington

County

Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 Days

Hospital, Institution, or street address where death occurred:

Washington Co. Hospital

How long in hospital or institution?

3. (a) FULL NAME

Pry Arlington Cost

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male White Married

6.(b) Name of husband or wife Beatrice

7. Birth date of

deceased (mo., day, yr.)

May 31 1859

6.(c) If alive, give age 56 years

8. AGE:

Years

Months

Days

If less than one day

86

5

23

hrs.

min.

9. Birthplace Keedysville Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Tailor

11. Industry or business C.H. Eyrely Dept. Store

12. Name John Cost

13. Birthplace Keedysville Md.

14. Maiden name Sarah Boone

15. Birthplace Boonsboro Md.

16. Informant Mrs Beatrice Cost

Address Hagerstown Md.

17. Burial Date thereof 3/27/46
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Mausoleum

Location Boonsboro Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. March 27 1946 Chart Bowers
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 131 E Washington St.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

214 - 14 - 6419

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23

1946 at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 1946 to 23 March 1946
and that I last saw him alive on 22 March 1946

Immediate cause of death

Coronary occlusion

DURATION

?

Due to Coronary sclerosis

Due to

Other conditions Prostate hypertrophy
with acute retention

3 days

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results As above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work

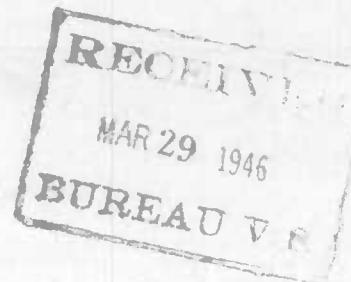
23. SIGNATURE

Dr. J. Layman, M.D.

M. D. or other

Address 100 Professional Ct. Date signed 26 March 1946

Baltimore



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4

CERTIFICATE OF DEATH

02988
Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days

Hospital, institution, or street address where death occurred: Wash. Co. Hospital

How long in hospital or institution? 4 days

3. (a) FULL NAME

Annie May Cronise

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife G. E. Cronise

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28 - 1876

8. AGE: Years Months Days If less than one day
69 8 23 hrs. min.9. Birthplace Forest Grove Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name John Smith

13. Birthplace Wash. Co. Md.

14. Maiden name Susan Poffenberger

15. Birthplace Wash. Co. Md.

16. Informant E. G. Cronise

Address Boonsboro Md.

17. Burial Date thereof March 24, 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Boonsboro Cemetery

Location Boonsboro Md.

18. Funeral director W. J. Baet & Sons

Address Boonsboro Md.

19. Mar. 24, 1946 G. H. Lefler, M.D.
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Boonsboro
(If outside city or town limits, write RURAL and give nearest town)Street No. S. Main St.
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number none

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 - 1946 at 9:20 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov 1 1945 to March 21 1946
and that I last saw her alive on March 20 1946

Immediate cause of death

Pneumonia of pneumonia

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

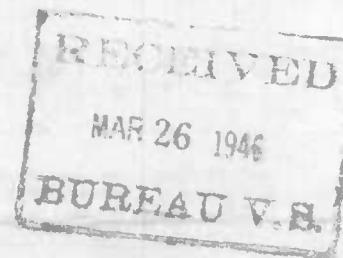
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

G. W. Lefler, M.D.
M. D. or other
Boonsboro
Address 3/2/46
Date signed





MANUSCRIPTS RECEIVED FOR PUBLICATION

11

VSA 15

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83F

02989

302

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
County..... Washington
City or town..... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 40 years
Hospital, Institution, or street address where death occurred:
..... Washington County Hospital
How long in hospital or institution?..... 2 Days

| | |
|---|---------------------------|
| 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| (For newborn infants give residence of mother) | |
| State..... | Maryland |
| | County..... |
| City or town..... | |
| (If outside city or town limits, write RURAL and give nearest town) | |
| Hagerstown | |
| Street No..... | 400 Mc Dowell Ave. |
| (If rural, give LOCATION) | |
| No | |
| 2.(a) If veteran, name war..... | |

3. (a) FULL NAME

HARRY DANIEL CRUM

3. (b) Social Security Number

No

| | | |
|--|--|---|
| 5. Sex Male | 5. Color or race White | 6.(a) Single, married, widowed, or divorced Married |
| 6.(b) Name of husband or wife. Jennie Elizabeth | | |
| 7. Birth date of deceased (mo., day, yr.) Sept 1, 1889. | | |
| 8. AGE: Years Months Days If less than one day 56 6 7 hrs. min. | | |
| 9. Birthplace..... (Town, county, and state) Upton, Penna. | | |
| 10. Usual occupation..... Barber | | |
| 11. Industry or business | | |
| MOTHER FATHER | 12. Name..... George Crum | |
| | 13. Birthplace..... Washington County, Md. | |
| MOTHER | 14. Maiden name..... Minnie E. Lydia | |
| | 15. Birthplace..... Washington County, Md. | |
| 16. Informant..... Address Raymond Crum Hagerstown | | |
| 17. Burial..... (Burial, cremation, or removal. Which?) Date thereof..... (month) (day) (year) Rose Hill | | |
| Cemetery or crematory..... Location..... Hagerstown | | |
| 18. Funeral director..... Address Fred W. Kraiss. Hagerstown | | |
| 19. (Date rec'd by registrar) Mar. 10. 46 <i>Chas. Holloway</i> Registrar | | |

| | |
|---|-------------------------------|
| CRUM | 3. (b) Social Security Number |
| | No |
| MEDICAL CERTIFICATION 3 rd 10P.M. | |
| 20. DATE OF DEATH | March 7th 1946, at |
| 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from | |
| March 7th 1946 to March 7th 1946 | |
| and that I last saw him alive on | |
| Immediate cause of death | |
| Central Thrombosis | |
| Due to | |
| Arterio-Clavicular | |
| Due to | |
| Other conditions | |
| (Include pregnancy within 3 months of death) | |
| Major findings of operations | |
| Date of op. | |
| Autopsy results | |
| PHYSICIAN: Please underline the cause to which death should be charged statistically. | |
| 22. VIOLENCE: If death was due to external causes, fill in the following: | |
| Accident, suicide, or homicide Date of | |
| Where did injury occur? (City or town) (County) (State) | |
| Injured at home, farm, industry, public place (where?) | |
| Means of Injury | |
| Injured at work? | |
| 23. SIGNATURE | |
| H. B. Beatty, M.D. | |
| M. D. or other | |
| Address | |
| Date signed 3/8/46 | |
| DURATION 2 days | |

RECEIVED
MAR 12 1946
BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

22

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlen St., Baltimore

TAD

CERTIFICATE OF DEATH

02990 303
Reg. Dist. No.

1. PLACE OF DEATH:

County Washington

City or town Clearspring

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 Years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

David Cutshaw

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Feb. 4 1863

8. AGE:

Years

Months

Days

If less than one day

83

1

0

hrs. min.

9. Birthplace Pennsylvania

(Town, county, and state)

10. Usual occupation Day Laborer

11. Industry or business

12. Name David Cutshaw

13. Birthplace Pennsylvania

14. Maiden name Not Known

15. Birthplace Not Known

16. Informant Ann Cutshaw

Address Clearspring Md.

17. Burial Date thereof Mar. 7 1946

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Blairsvalley

Location Blairsvalley Md.

18. Funeral director Snyder- Rowland

Address Clearspring, Md.

March 7 1946 Joseph W. Murray

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Washington

City or town Clearspring

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH

Mar. 4 1946 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 20, 1946, to Mar. 4, 1946,

and that I last saw him alive on Mar. 3, 1946.

Immediate cause of death

Acute exacerbation
of a Chronic Endocarditis 6 mo.

DURATION

Due to

Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

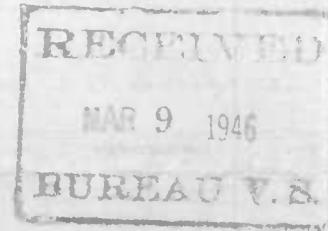
Injured at work?

23. SIGNATURE

David P. Brewer M.D. M. D. or other

Address Clear Spring Md. Date signed 3/5/46

Registrar



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2D

Dr. Ditto

CERTIFICATE OF DEATH

02991

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington
 County.....
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 22 Years
 Hospital, Institution, or street address where death occurred:
 2313 Virginia Ave.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2313 Virginia Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3.(a) FULL NAME

James Lewis Daugherty

| | | |
|---|------------------|---|
| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
| Male | White | Married |
| 8.(b) Name of husband or wife..... Laura | | |
| 7. Birth date of deceased (mo., day, yr.) August 17 1866 | | |
| 6.(c) If alive, give age 73 years | | |
| 8. AGE: Years Months Days If less than one day | | |
| 79 7 0 hrs. min. | | |
| 9. Birthplace St James Wash Co Md. (Town, county, and state) | | |
| 10. Usual occupation Farmer | | |
| 11. Industry or business Retired | | |
| 12. Name William Daugherty | | |
| 13. Birthplace Richmond Va. | | |
| 14. Maiden name Susan Traver | | |
| 15. Birthplace Williamsport Md. | | |
| 16. Informant Mrs Laura Daugherty | | |
| Address Hagerstown Md. | | |

17. Burial Date thereof 3/19/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Pauls Cemetery

Location Near Clearspring Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Mar. 18. 46 Registrar
 (Date rec'd by registrar)

3.(b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1946 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 16 1946 to Mar 17 1946 and that I last saw him alive on Feb 10 1946.

Immediate cause of death

Cause of death

6 min.

Due to

Due to Chro Myocarditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE Dr. A. K. Coffman

M. D. or other

Address Hagerstown Md. Date signed 3/18/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH
of deceased is shown on

2411 N. Charles St., Baltimore 1961 X

02993

302

Reg. Dist. No. 302

FILM No. 101 MAR 26 1946

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

25 years

How long in above place of death?

Hospital, institution, or street address where death occurred:
Washington County Hospital

How long in hospital or institution? 17 days

3. (a) FULL NAME

Lizzie Thomas Davies

4. Sex

female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widow

6.(b) Name of husband or wife

Edwin Davies

6.(c) If alive, give age

years

7. Birth date of deceased (mo. day, yr.)

Sept. 29, 1876

8. AGE:

Years
69

Months
-68-

Days
5

If less than one day

hrs.
15

min.

9. Birthplace

Jefferson, N. Carolina

(Town, county, and state)

10. Usual occupation

Saleslady

11. Industry or business

MOTHER FATHER

12. Name

Wilbur Thomas

13. Birthplace

----- N. Carolina

MOTHER FATHER

14. Maiden name

Julia Gavey

15. Birthplace

----- N. Carolina

16. Informant

Mrs. W.T. Thomas

Address

Long Island, New York

17. Removal

(Burial, cremation, or removal. Which?)

Date thereof Mar. 17, 1946

(month) (day) (year)

Cemetery or crematory

Lenoir Baptist Cemetery

Location

Lenoir, N. Carolina

18. Funeral director

Fred W. Kraiss

Address

Hagerstown, Md.

19. March 16, 1946

(Date rec'd by registrar)

Death, Disease

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Washington

(If outside city or town limits, write RURAL and give nearest town)

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 22 East Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

NONE

MEDICAL CERTIFICATION

2D. DATE OF DEATH March 14, 1946 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 24 1946 to March 14 1946

and that I last saw her alive on March 14 1946

Immediate cause of death

Concussion - Bronchus -
Left lobe -

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results Concussion, Bronchus left lobe

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

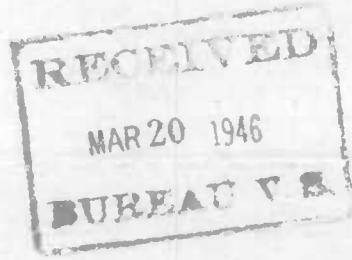
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Address 159 W. Washington St. Date signed 3/15/46

M. D. or other



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 168

Dr. Wells

02992

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

En route to Hospital - Liberty St.

How long in hospital or institution?

3. (a) FULL NAME

James Leonard Davis

4. Sex _____ 5. Color or race _____ 6.(a) Single, married, widowed, or divorced

Male White Single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) September 9 1901

8. AGE: Years Months Days If less than one day
44 6 0 . hrs. . min.9. Birthplace..... Hagerstown Wash. Co. Md.
(Town, county, and state)

10. Usual occupation..... Plasterer

11. Industry or business.....

12. Name..... Amos E. Davis

13. Birthplace..... Hagerstown Md.

14. Maiden name..... Susie Cramer

15. Birthplace..... Hagerstown Md.

16. Informant..... Amos E. Davis

Address..... Hagerstown Md.

17. Burial..... Date thereof 3/12/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Rose Hill Cemetery

Location..... Hagerstown Md.

18. Funeral director..... Andrew K. Coffman

Address..... Hagerstown Md.

19. March 12 1946 Glass Bowers,
(Date rec'd by registrar) Registrars

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Washington
City or town..... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 342 Liberty St.

2.(a) If veteran, name war..... World War # 2

3. (b) Social Security Number

230-18-3514

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 9 1946 19..... at 11:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19..... to 19.....

and that I last saw h..... alive on 19.....

Immediate cause of death.....

Cerebral hemorrhage
Due to..... (traumatized)

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... None

Date of op.....

Autopsy results..... As above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... homicide Date of..... March 9/46

Where did injury occur?..... Hagerstown (City or town) (County)..... Wards..... Md. (State)

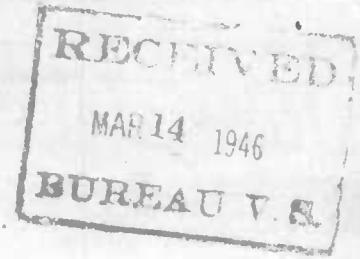
Injured at home, farm, industry, public place (where?)..... Liberty St.

Means of injury..... Homicide + fell Injured at work?..... no

23. SIGNATURE..... Dr. Wells WASH. CO., MD.

M. D. DR. WELLS

Address..... Hagerstown, Md. Date signed..... 3/12/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3-B

02994 24

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:

County Washington
 City or town Smithsburg
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 26 years

Hospital, institution, or street address where death occurred:
n. Main St.

How long in hospital or institution? 26 years

3. (a) FULL NAME

Virgie Clara Detrow

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife J. W. Detrow

6. (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Nov. 22. 1874

8. AGE: Years Months Days If less than one day
71 3 19 hrs. min.9. Birthplace Fred. Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Nathan Eccard

13. Birthplace Fred. Co. Md.

14. Maiden name Charlotte Eaver

15. Birthplace Fred. Co. Md.

16. Informant J. W. Detrow

Address Smithsburg Md.

17. Burial Date thereof March 13, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Beaver Creek Cemetery

Location Beaver Creek Md.

18. Funeral director C. M. D. Best & Sons

Address Boonsboro Md.

19. Mar. 11, 1946 Geo. W. Ferguson
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Smithsburg
 (If outside city or town limits, write RURAL and give nearest town)Street No. n. Main St.
 (If rural, give LOCATION)

2.(a) If veteran, name war none

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 11 1946, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 4 1946, to Mar 11 1946
 and that I last saw her alive on Mar 11 1946

Immediate cause of death

Inflammation of the membranes 2 days

Due to Arteriosclerosis eye

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Smithsburg Date signed 3/11/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3D

CERTIFICATE OF DEATH

02995

302

Reg. Dist. No.

1. PLACE OF DEATH:

Washington
County.....
City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

215 West Washington St.

How long in hospital or institution?

3.(a) FULL NAME

John F. Ditto

3.(b) Social Security Number
None

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

July 11, 1866

6.(c) If alive, give age years

8. AGE:

Years
79Months
8Days
11

If less than one day

.hrs. min.

9. Birthplace.....

St. Paul - Wash. Co. Md.

(Town, county, and state)

10. Usual occupation.....

Retired

11. Industry or business

FATHER

12. Name..... Abraham K. Ditto

MOTHER

13. Birthplace..... Washington Co. Md.

14. Maiden name..... Anna S. Strite

15. Birthplace..... Washington Co. Md.

16. Informant.....

E. W. Ditto

Address

Hagerstown, Md.

17. Burial.....

Date thereof..... March 25, 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

St. Pauls Cemetery

Location.....

St. Paul Dist.

18. Funeral director.....

Fred. W. Kraiss

Address

Hagerstown, Md.

March 25 1946
(Date rec'd by registrar)John F. Ditto
Hagerstown, Md.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Washington

City or town..... Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 214 West Washington St.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Mar 22 - 46 19 1946

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 1 - 46 19 1946 to Mar 22 - 46 19 1946

and that I last saw him alive on Mar 22 - 46 19 1946

Immediate cause of death.....

Chronic rheumatism

Cerebral sclerosis

Due to.....

Influenza

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

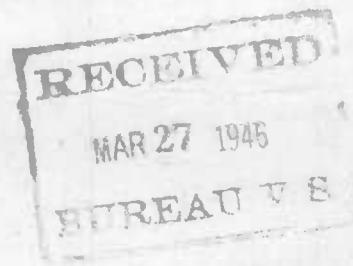
Injured at work?

23. SIGNATURE

John F. Ditto
Hagerstown, Md.

M. D. or other

Address..... Date signed.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02996

2
307

Reg. Dist. No.

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male Black Infant

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

March 13, 1946

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

14 hrs. min.

9. Birthplace.....
(Town, county, and state)

10. Usual occupation.....

11. Industry or business

MOTHER FATHER

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. Burial.....

(Burial, cremation, or removal. Which?)

Date thereof.....
(month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. Date rec'd by registrar.....

19. 46

Signature.....

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH.....

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her alive on

Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injury at work?

23. SIGNATURE.....

D. or other

Address.....

Date signed.....

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
AT THE
STATE OF CALIFORNIA



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 922

CERTIFICATE OF DEATH

02997

302

Reg. Dist. No.

M.S. Seal Young

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County WashingtonCity or town Dunkirk

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 32 years.

Hospital, Institution, or street address where death occurred

West Side AvenueHow long in hospital or institution? at Home

3. (a) FULL NAME

Ada May Forrest

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

FemaleWhitemarriedEdgar B. Forrest

7. Birth date of deceased (mo., day, yr.)

October 20 - 1885

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

60420hrs.min.

9. Birthplace

Wolfsville Fred. Co. Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Own Home

MOTHER FATHER

12. Name Lawson H. Shepley

13. Birthplace

Fred. Co. Md.

14. Maiden name

Miranda Jones

15. Birthplace

Fred. Co. Md.

16. Informant

Edgar B. Forrest

Address

Dunkirk Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof March 12, 1946
(month) (day) (year)Cemetery or crematory Lutheran CemeteryLocation MiddletonMd.

18. Funeral director

Wm. J. Bass & Sons

Address

Boonsboro Md.19. Date rec'd by registrar March 11, 1946Place of death Bethel Forest

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Dunkirk (If outside city or town limits, write RURAL and give nearest town)Street No. West Side Ave. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10, 1946 at 6:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

8/1945 to 3/9/46 19.and that I last saw her alive on 3/9/46 19.

Immediate cause of death

Cerebral Hemorrhage

DURATION

Due to

Due to

Other conditions

HypertensionDiabetes

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

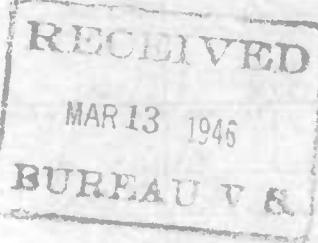
Injured at work?

23. SIGNATURE Jeffrey

M. D. or other

Address

Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462

CERTIFICATE OF DEATH

02998

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington
 County.....
 City or town..... Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Life
 Hospital, institution, or street address where death occurred: Washington County Hospital
 How long in hospital or institution?..... 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 1505 Virginia Avenue
 (If rural, give LOCATION)

3. (a) FULL NAME
 John E. France

3. (b) Social Security Number
 214-09-7214

4. Sex..... Male Color or race..... White
 5. (a) Single, married, widowed, or divorced..... Married
 6. (b) Name of husband or wife..... Irene France
 7. Birth date of deceased (mo., day, yr.)..... February 2, 1882
 8. AGE: Years..... 64 Months..... 1 Days..... 8 If less than one day..... hrs. min.
 9. Birthplace..... Cearfoss, Wash. Co. Maryland
 (Town, county, and state)
 10. Usual occupation..... Inspector Examiner
 11. Industry or business..... Rent Control
 12. Name..... George D. France
 MOTHER FATHER
 13. Birthplace..... Cearfoss, Maryland
 14. Maiden name..... Annie M. Mowen
 15. Birthplace..... Cearfoss, Maryland
 16. Informant..... Mrs. John E. France
 Address..... Hagerstown, Maryland

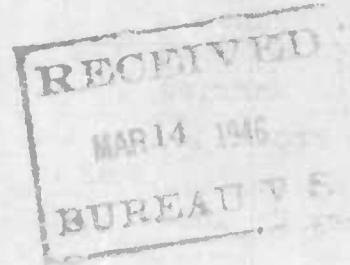
17. Burial..... Date thereof..... 3-13-46
 (Burial, cremation, or removal. Which?)..... Rest Haven Cemetery
 Cemetery or crematory.....
 Location..... Hagerstown, Maryland
 18. Funeral director..... C. M. Suter & Sons
 Address..... Hagerstown, Maryland
 19. March 11, 1946..... Bertha Powers,
 (Date rec'd by registrar)..... Registrar

| MEDICAL CERTIFICATION | | | |
|---|-------------|--------------------|---|
| 2D. DATE OF DEATH..... | Mar 10 1946 | at 6 th | M |
| 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 8 1946 to Mar 10 1946 and that I last saw h. c. alive on Mar 10 1946. | | | |
| Immediate cause of death..... Intestinal obstruction | | | |
| Due to..... Paroxysms of bowel | | | |
| Due to..... (sigmoid) colitis - metastasis | | | |
| Other conditions..... | | | |
| DURATION | | | |

(Include pregnancy within 3 months of death)
 Major findings or operations..... Obstruction at rectum
 1. Colostomy - gun shot - day or up.
 Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town)..... (County)..... (State).....
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?.....
 23. SIGNATURE..... M. D. or other.....
 Address..... Hagerstown, Maryland..... Date signed..... 3/11/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 470 ✓ *

CERTIFICATE OF DEATH

02999

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown, Maryland

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, institution, or street address where death occurred:
Washington County Hospital

2 weeks

How long in hospital or institution?

3. (a) FULL NAME

Guy G. Gantz

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Widower

6.(b) Name of husband or wife.....

Frances Gantz

6.(c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.)

June 30, 1884

8. AGE:

Years

Months

Days

If less than one day

61

8

25

hrs.

min.

9. Birthplace.....

Hagerstown, Wash. Co. Md.

(Town, county, and state)

10. Usual occupation.....

Supervisor of Assessments

11. Industry or business

12. Name..... Lewis H. Gantz

13. Birthplace..... Beaver Creek, Maryland

14. Maiden name.....

Mary Gray

15. Birthplace.....

Beaver Creek, Maryland

16. Informant.....

Mrs. Grace Cowherd

Address.....

Cumberland, Maryland

Burial

Date thereof..... 3-28-46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Rose Hill Cemetery

Location.....

Hagerstown, Maryland

18. Funeral director.....

C. M. Suter & Sons

Address.....

Hagerstown, Maryland

19. Date rec'd by registrar..... March 28, 1946

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County Washington

City or town..... Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 103 East Washington Street

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 25, 1946, at 3:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 1945, to Mar. 25, 1946,

and that I last saw him alive on Mar. 25, 1946.

Immediate cause of death.....

Bronchogenic carcinoma

Due to..... Esophageal obstruction
due to carcinoma lung.

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of Injury.....

Injured at work?

23. SIGNATURE.....

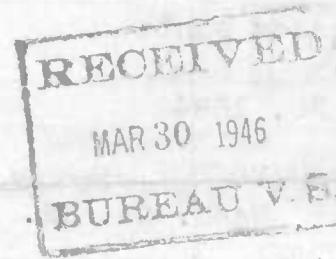
R. J. Shaffer, M.D.

M. D. or other

Address..... Hagerstown, Md.

Date signed Mar. 26, 1946.





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03000

CERTIFICATE OF DEATH

Reg. Dist. No. 302

326

1. PLACE OF DEATH:

County Washington

City or town Hagerstown, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

26 Randolph Avenue

How long in hospital or institution?

3. (a) FULL NAME

Anna Louise Garlock

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 19, 1887

8. AGE: Years Months Days If less than one day

59 2 8 hrs. min.

9. Birthplace Hagerstown, Wash. Co., Md.
(Town, county, and state)

10. Usual occupation Bookkeeper

11. Industry or business C. D. Kenny Company

12. Name George Garlock

13. Birthplace Hagerstown, Maryland

14. Maiden name Louisa McWay

Greencastle, Pa.

15. Birthplace

16. Informant Mrs. Georgia Davidson

Address Hagerstown, Maryland

17. Burial Date thereof 3-30-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons

Address Hagerstown, Maryland

March 28 1946
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 26 Randolph Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

214-09-1409

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 27-46 19 1946

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 1-46 19 1946

and that I last saw her alive on Mar 26-46 19 1946

Immediate cause of death

Carcinoma

Due to

Left Bladder

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Hagerstown, Maryland Date signed 3/28/46

RECEIVED

MAR 30 1946

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1872

CERTIFICATE OF DEATH

03001

302

Reg. Dist. No.

1. PLACE OF DEATH: Washington
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?... Life
Hospital, institution, or street address where death occurred: Washington County Hospital
How long in hospital or institution? 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Street No. 206 North Cannon Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war No.

3. (a) FULL NAME Yvonne Jean Griffith

| | | | |
|--|------------------------|--|---|
| 4. Sex Female | 5. Color or race White | 6.(a) Single, married, widowed, or divorced Single | |
| 6.(b) Name of husband or wife..... | | | |
| 7. Birth date of deceased (mo., day, yr.) April 20 - 1938 | | | |
| 8. AGE: Years 7 | Months 10 | Days 15 | If less than one day hrs. min. |
| 9. Birthplace Hagerstown, Md. | | | (Town, county, and state) |
| 10. Usual occupation School Student | | | |
| 11. Industry or business | | | |
| 12. Name Howard L. Griffith | | | |
| 13. Birthplace Mt Briar, Md. | | | |
| 14. Maiden name Helen Osborne | | | |
| 15. Birthplace Hagerstown | | | |
| 16. Informant Mrs. Helen Griffith | | | |
| Address Hagerstown. | | | |
| 17. Burial (Burial, cremation, or removal. Which?) Rose Hill | | | Date thereof Mar 10, 1946 (month) (day) (year) |
| Cemetery or crematory | | | |
| Location Hagerstown | | | |
| 18. Funeral director Fred W. Kraiss. | | | |
| Address Hagerstown | | | |
| 19. (Date rec'd by registrar) Mar. 10. 1946 | | | Registrar G. H. Bowers |

3. (b) Social Security Number No.

MEDICAL CERTIFICATION 5:45 P.M.

20. DATE OF DEATH March 7th 1946 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 20 Feb 1946 to 7 March 1946 and that I last saw her alive on 7 March 1946.

Immediate cause of death, Lympho-ectic Chorio-Meningitis

DURATION 2 weeks

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

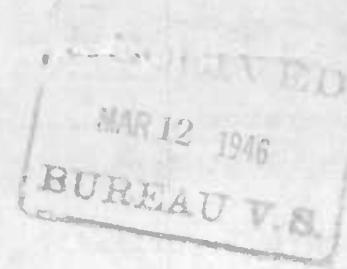
Means of Injury Injured at work?

23. SIGNATURE F. F. Husby

M. D. or other

Address 230 N Potomac

Date signed 9 March 46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1920

CERTIFICATE OF DEATH

03002

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County Washington County
City or town Hagerstown Md.

(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 weeks

Hospital, institution, or street address where death occurred:
Washington County Hospital

How long in hospital or institution? 4 weeks

3. (a) FULL NAME

Mrs. Isaac D. Grove

| | | |
|--------|------------------|---|
| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
| Male | White | Widowed |

6.(b) Name of husband or wife Captolia Neal Grove
Deceased

7. Birth date of deceased (mo., day, yr.) Oct. 23 1870
6.(c) If alive, give age years

| | | | |
|---------------|--------|------|----------------------|
| 8. AGE: Years | Months | Days | It less than one day |
| 75 | 5 | 2 | hrs. min. |

9. Birthplace Wilson Dist. Washington Co.
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business Farm

12. Name Issac Grove

13. Birthplace Williamsport, Md.

14. Maiden name Sophia Grubbs

15. Birthplace Maryland

16. Informant Mr. Howard Grove

Address #9 Church St. Williamsport, Md.

17. Burial Date thereof March 28 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Riverview Cemetery
Williamsport, Md.
Location

18. Funeral director Edith V. Leaf

Address #7 Church St. Williamsport, Md.

March 27 1946
(Date rec'd by registrar) *Chas H. Bowers*
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
City or town Williamsport, Md. RFD Pinesburg
(If outside city or town limits, write RURAL and give nearest town)

Street No. Williamsport, Md. RF Pinesburg
No
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/25/46 19 at 5:18 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2/25/46 to 3/25/46 19

and that I last saw h. alive on 3/25/46 19

Immediate cause of death Chronic
clotter otital nephritis DURATION
2 yrs.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *A. J. Young* M. D. or other

Address *Killed in accident, Md.* Date signed *3/27/46*

RECEIVED

MAR 29 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2

03003

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Life

Hospital, Institution, or street address where death occurred:

1202 Hamilton Blvd.

How long in hospital or institution?

3. (a) FULL NAME

Charles William Harman

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife

Frances J. Harman

67

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

March 15, 1871

8. AGE:

Years
74Months
0Days
11

If less than one day

hrs. min.

9. Birthplace

Hagerstown Wash. Co. Md.

(Town, county, and state)

10. Usual occupation

Retired Manager

11. Industry or business

Postal Telegraph

MOTHER FATHER

12. Name

Jacob Harman

MOTHER

FATHER

13. Birthplace

Hagerstown, Maryland

MOTHER

FATHER

14. Maiden name

Harriett Du Vall Snyder

MOTHER

FATHER

15. Birthplace

Hagerstown, Maryland

16. Informant

Mrs. Charles W. Harman

Address

Hagerstown, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 3-6-46

(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown, Maryland

18. Funeral director

C. M. Suter & Sons

Address

Hagerstown, Maryland

19. Date rec'd by registrar

March 5 46

19

Brett Bowers

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1202 Hamilton Blvd.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH

3/4

19 46 at 11 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 25 1946 to

3/4 19 46

and that I last saw h. in alive on 3/3-

19 46

Immediate cause of death arterio-sclerotic

Chronic Endocarditis

DURATION

Due to

Due to

Other conditions



(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

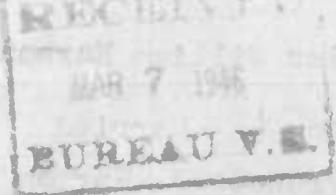
23. SIGNATURE

John B. Miller

M.D. or other

Address Hagerstown, Md.

Date signed 3/4 1946



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48B X

03004

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Chewsville, Maryland
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:
 Chewsville, Maryland

How long in hospital or institution?

3. (a) FULL NAME

Irene Norford Hartle

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Widow

6.(b) Name of husband or wife Charles P. Hartle

7. Birth date of deceased (mo., day, yr.) April 19, 1881
 6.(c) If alive, give age years8. AGE: Years Months Days If less than one day
 64 1 15 hrs. min.9. Birthplace Hagerstown Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Frank Norford
 13. Birthplace Hagerstown, MarylandMOTHER 14. Maiden name Sallie Fries
 15. Birthplace Hagerstown, Maryland16. Informant Mrs. Margaret Russman
 Address Chewsville, Maryland

17. Burial 3-6-46

(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons

Address Hagerstown, Maryland

19. March 5 1946 B. M. Bowers, Registrar
 (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Chewsville
 (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 4 1946 al 2A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 25 1946 to Feb. 25 1946

and that I last saw her alive on Feb. 25 1946

Immediate cause of death

Carcinoma of uterus

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

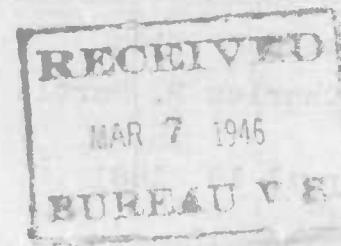
Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

B. M. Bowers
 Hagerstown, Maryland Date signed B. 4. 46
 M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8

Dr. Ditto

CERTIFICATE OF DEATH

0300602
Reg. Dist. No.

1. PLACE OF DEATH:

County..... Washington
 City or town..... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
421 No. Mulberry St.

How long in hospital or institution?

3. (a) FULL NAME

Mrs. Rose May Hartman

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife Charles S.

6.(c) If alive, give age 71 years
7. Birth date of deceased (mo., day, yr.) Feb 16 18758. AGE: Years Months Days If less than one day
71 0 28 hrs. min.9. Birthplace Cashtown Adams Co. Pa.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name William H. Reamer

13. Birthplace Chambersburg Pa.

14. Maiden name Mary L. Reigle

15. Birthplace Loudon Pa.

16. Informant Chas. S. Hartman

Address Hagerstown Md.

17. Burial Date thereof 3/8/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Flohr Cemetery

Location Cashtown Md. Pa.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. March 6 1946 Death record
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 421 No. Mulberry St.
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1946 at 8 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 19 46 to Mar 6 46 and that I last saw her alive on Mar 5 - 46.

Immediate cause of death

Cancer

DURATION

Due to *Hemorrhage*

Date

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

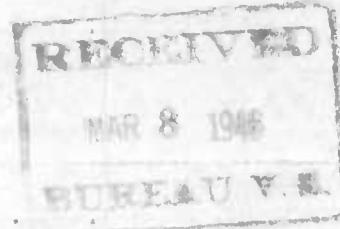
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address *J.W. Ditto* Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

03005

CERTIFICATE OF DEATH

Reg. Dist. No. 302

307

PLEASE WRITE PLAINLY, WITH EXFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Washington
 County: Hagerstown
 City or town: (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 yrs.
 Hospital, institution, or street address where death occurred: 320 N. Jonathan Street.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Hagerstown
 City or town: (If outside city or town limits, write RURAL and give nearest town)
 Street No.: 320 N. Jonathan St.
 (If rural, give LOCATION)

3. (a) FULL NAME Rebecca Simms Harvey

3. (b) Social Security Number None

| | | |
|--------|------------------|--|
| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
| Female | Negro | Widow |

8. (b) Name of husband or wife Richard Harvey

7. Birth date of deceased (mo., day, yr.) August 31, 1893

8. AGE: Years 52 Months 7 Days 16 If less than one day
 hrs. _____ min. _____

9. Birthplace Cleaspring, Md
 (Town, county and state)

10. Usual occupation Domestic

11. Industry or business Unknown

12. Name Jenny Simms
 MOTHER FATHER

14. Maiden name Cleaspring, Md
 15. Birthplace Mrs. Jenny Harvey

16. Informant 214 N. Jonathan St.
 Address Burial

17. Burial Date thereof 3/19/46
 (Burial, cremation, or removal, Which?)
 Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md
 18. Funeral director William J. Downey

Address 291 Frederick St Hagerstown

19. Death certificate March 19 1946
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1946

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 1946 to Mar 16 1946 and that I last saw her alive on Mar 15 1946

Immediate cause of death Cerebral hemorrhage DURATION abrupt
 Due to Arteriosclerosis DURATION 21 hours
 (B.B - 240) DURATION 6 mos
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

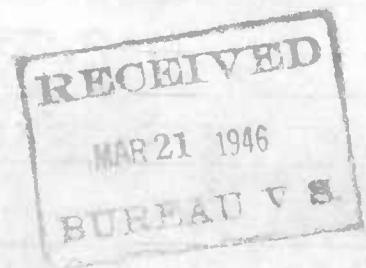
Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of.

Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where)?

Means of Injury Injured at work?
 23. SIGNATURE W. P. Bender M.D.

M. D. or other
 Address Hagerstown, Md Date signed 3/18/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

CERTIFICATE OF DEATH

03005
Reg. Dist. No. 301

1. PLACE OF DEATH:
 County Washington County
 City or town Williamsport Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 28 yrs.
 Hospital, Institution, or street address where death occurred:
 42 W. Salisbury St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State Maryland County Washington
 City or town Williamsport Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 42 W. Salisbury St.
 (If rural, give LOCATION)

3. (a) FULL NAME

Edgar Ever Haugh

| | | |
|-------------|------------------------|--|
| 4. Sex Male | 5. Color or race White | 6.(a) Single, married, widowed, or divorced Single |
|-------------|------------------------|--|

6.(b) Name of husband or wife None

7. Birth date of deceased (mo., day, yr.) Oct. 31 1866

| | | | |
|------------------|----------|--------|-------------------------------------|
| 8. AGE: Years 79 | Months 4 | Days 9 | It less than one day hrs. min. |
|------------------|----------|--------|-------------------------------------|

9. Birthplace Boonsboro Maryland

(Town, county, and state)

10. Usual occupation Labor

Byrons Tannery

11. Industry or business

Phillip Wesley Haugh

12. Name Phillip Wesley Haugh

13. Birthplace Emmittsburg Md.

MOTHER FATHER

Anna E. Scuffin

15. Birthplace Boonsboro Md.

16. Informant Mrs. Charles Palmer

Address 42 W. Salisbury St Williamsport

17. Burial Date thereof March 15 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Riverview Cemetery
 Location Williamsport, Md.

18. Funeral director Edith V. Leaf

Address #7 Church St. Williamsport, Md.

March 15-1946 Mrs. C. Lee M. Elroy

(Date rec'd by registrar)

Registrar

3. (b) Social Security Number
 None

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1946 at 5:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 8 1946 to May 11 1946

and that I last saw him alive on May 11 1946

Immediate cause of death

Myocarditis Chancis

DURATION 2 years

Due to

Due to Gastroenteritis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address Williamsport Md. Date signed 5/14/46

RECEIVED
MAR 19 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1310

CERTIFICATE OF DEATH

03008

12

Reg. Dist. No. 304

1. PLACE OF DEATH:

County Washington

City or town Rural Hancock

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Bruce Hendershot

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male White Married

6.(b) Name of husband or wife Patience Sarah (Hixon)

Hendershot

6.(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.)

May 8, 1886

8. AGE:

| | | | |
|-------|--------|------|----------------------|
| Years | Months | Days | It less than one day |
| 59 | 10 | 6 | — hrs. — min. |

9. Birthplace Buck Valley, Fulton Co., Penna.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

—

FATHER

12. Name William Hendershot

MOTHER

13. Birthplace Buck Valley, Penna.

14. Maiden name Sarah Ellen De Neen

15. Birthplace Buck Valley, Penna.

16. Informant

Address

17. Burial Date thereof Mar. 17, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Buck Valley Christian Church

Location Buck Valley, Penna.

18. Funeral director Charles R. Bast

Address Hancock, Md.

19. Date rec'd by registrar March 15, 1946

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Rural - Hancock

(If outside city or town limits, write RURAL and give nearest town)

Street No. West Sideling Hill

(If rural, give LOCATION)

2.(a) Is veteran, name war

3. (b) Social Security Number

217-12-1598

MEDICAL CERTIFICATION

20. DATE OF DEATH

Mar 14, 1946 at 2 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 10 1945 to Mar 14 1946

and that I last saw h. alive on 19

Immediate cause of death

Chronic myocarditis

Congestive heart failure

Due to

Hypertension

Other conditions

Diphtheria

DURATION

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

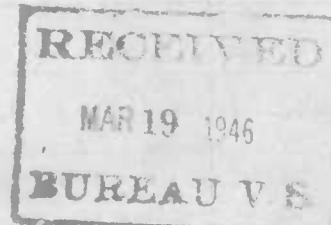
Means of Injury

Injured at work?

23. SIGNATURE

M.D. or other

Address Hancock, Md. Date signed 3/15/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

13009-302
Reg. Dist. No.

1. PLACE OF DEATH: Washington
 County
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 hours 20 minutes
 Hospital, Institution, or street address where death occurred: Washington County Hospital
 How long in hospital or institution? 2 hours 20 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 104 Worcester Ave
 (If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Unname d child of Frank Herrmann

3. (b) Social Security Number

| | | |
|-------------|------------------------|--|
| 4. Sex Male | 5. Color or race White | 6.(a) Single, married, widowed, or divorced Single |
|-------------|------------------------|--|

6.(b) Name of husband or wife.

7. Birth date of deceased (mo., day, yr.) March 30, 1946

6.(c) If alive, give age years

| | | | |
|---------------|--------|------|----------------------|
| 8. AGE: Years | Months | Days | It less than one day |
| | | | 2 hrs. 20 min. |

9. Birthplace Hagerstown Washington Md.
 (Town, county, and state)

10. Usual occupation None

11. Industry or business None

12. Name Frank Herrmann

13. Birthplace Hagerstown Md.

14. Maiden name Sarah Miller

15. Birthplace Beaver Creek Md.

16. Informant Frank Herrmann

Address Hagerstown Md.

17. Burial Date thereof April 1, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill

Location Hagerstown Md.

18. Funeral director Scott F. Minnich & Son

Address Hagerstown Md.

19. Mar. 31, 1946
 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH March 30 1946 at 11:55a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 30, 1946, to March 30, 1946,
 and that I last saw him alive on March 30, 1946.

Immediate cause of death

Premature infant

Due to

6 1/2 Mos. gestation

Due to

Influence of Harbor -

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

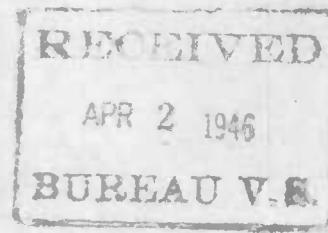
Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE

M. D. or other

Address Hagerstown Md. Date signed 3/30/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

03010

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 10 Weeks
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 Washington County Hospital
 _____ day
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 Maryland Washington
 State..... County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 2027 Virginia Ave.
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME James Church Hite

3. (b) Social Security Number None

| | | |
|--------|------------------|---|
| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
| Male | White | Single |

6.(b) Name of husband or wife.....
 6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1943

8. AGE: Years 2 Months 4 Days 19 If less than one day
 .hrs. .min.

9. Birthplace..... Dansville, Va. (Town, county, and state)

10. Usual occupation.....

11. Industry or business

FATHER 12. Name..... Jesse R. Hite
 13. Birthplace..... Halifax Co. Va.

MOTHER 14. Maiden name..... Lucile Church
 15. Birthplace..... Dansville, Va.

16. Informant..... Rev. Jesse R. Hite
 Address..... Hagerstown, Md.

11. Burial Date thereof..... March 29, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Rose Hill Cemetery

Location..... Hagerstown Md.

18. Funeral director..... F. W. Kraiss
 Address..... Hagerstown, Md.

19. Mar. 30, 1946 Phast. Bowers
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 3/27/46 19..... at..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/27/46 19..... to 3/27/46 19..... and that I last saw him alive on 3/27/46 19.....

Immediate cause of death..... Bronchial pneumonia

DURATION..... 7 hrs

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings at operations.....

Date of op.

Autopsy results..... Cremation not granted

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

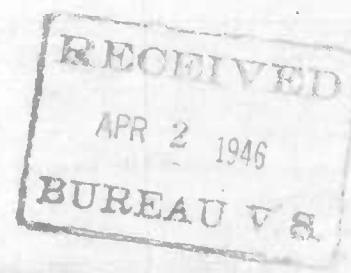
Injured at home, farm, industry, public place (where?)

Means of Injury..... Injured at work?

23. SIGNATURE..... Dr. George W. Bowers, M.D.

M. D. or other.....

Date signed..... 3/29/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03011

CERTIFICATE OF DEATH

Reg. Dist. No. 303

no 11
Mr. Wade.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County..... Washington

City or town..... Littleton Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death..... 50 years.

Hospital, institution, or street address where death occurred:

Boonsboro Md. R. 2.

How long in hospital or institution? at home

3. (a) FULL NAME

4. Sex

5. Color or race

6. (d) single, married, widowed, or divorced

Male

White

Widowed

6. (b) Name of husband or wife

Margaret C. Nutall

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

June - 5 - 1864

8. AGE:

Years

Months

Days

If less than one day

81

9

12

hrs. min.

9. Birthplace.....

near Keedysville Wash. Co. Md.

(Town, county, and state)

10. Usual occupation.....

Laborer

11. Industry or business

Terry

12. Name.....

John Nutall

13. Birthplace

Wash. Co. Md.

14. Maiden name.....

Lucy Magregan

15. Birthplace

Wash. Co. Md.

16. Informant.....

Homeless

Address

Boonsboro Md. R. 2.

17. Burial:

Date thereof..... March 20, 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Littleton Cemetery

Location.....

near Boonsboro Md.

18. Funeral director.....

Wm. F. Best & Sons

Address

Boonsboro Md.

19. Date rec'd by registrar

March 20, 1946 John F. Best

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Washington

City or town..... Littleton

Rural

Street No.....

Boonsboro Md. R. 2

(If rural, give LOCATION)

2.(a) If veteran, name war.....

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

Mar. 17 1946 1946 at 8:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar. 7 - 1946 to Mar. 17 1946

and that I last saw him alive on Mar. 17 1946

Immediate cause of death.....

Chronic Myocarditis

DURATION

10 days

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

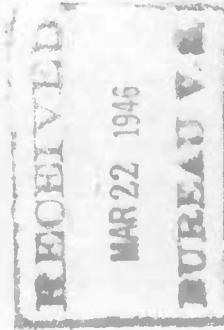
Injured at work?

23. SIGNATURE

John F. Best M.D.

M. D. or other

Address..... Boonsboro Md. Date signed 3/19/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore, Md.

03012

317

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
 County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL NEAR and give town)
 Street address, hospital, or institution: Washington County Hospital
 Stay in hospital or inst. (yrs., or mos., or days) 6 days
 Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Dargan Ward No.
 (If outside city or town limits, write RURAL NEAR and give town)
 Street No.
 (If rural give LOCATION)
 2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Goldie Evelyn Itnyre

| | | | |
|---|--------------------------------------|---|--------------------------------|
| 4. Sex Female | 5. Color or race White | 6.(a) Single, married, widowed, or divorced Married | |
| 6(b) Name of husband or wife Thurston Elwood Itnyre | | | |
| 6(c) If alive, give age 22 years | | | |
| 7. Birth date of deceased (mo., day, yr.) March 25, 1929 | | | |
| 8. AGE: Years 17 | Months 0 | Days 0 | If less than one day hrs. min. |
| 9. Birthplace Dargan, Washington Co., Md. (Town, county, and state) | | | |
| 10. Usual occupation Housewife | | | |
| 11. Industry or business Own Home | | | |
| MOTHER FATHER | 12. Name George William Kretzer | | |
| | 13. Birthplace Antietam, Md. | | |
| MOTHER | 14. Maiden name Ida Mae Eichelberger | | |
| | 15. Birthplace Dargan, Md. | | |
| 16. Informant Mr. Thurston E. Itnyre Address R.F.D. #1, Harpers Ferry, W.Va. | | | |
| 17. Burial Date thereof March 27, 1946 (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory Samples Manor Cemetery Location Samples Manor, Md. | | | |
| 18. Funeral director J. H. Dauches, Address Bolivar, West Va. | | | |
| 19. (Date rec'd by registrar) March 25, 1946 (Date signed) March 25, 1946 Registrar | | | |

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25, 1946, at 3 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 18, 1946, to March 25, 1946, and that I last saw her alive on March 27, 1946.

Immediate cause of death Pulmonary edema
 Due to Ischaemic Angina
 Due to Thrombocytopenia & Secondary infection
 Other conditions

(Include pregnancy within 3 months of death)
 Major findings: Ischaemic Angina
 Di operations: Thrombocytopenia &
 Di autopsy: Secondary infection
 Pulmonary edema

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Walter H. Shealy, M.D.
 M. D. or other Sharptown, Md.
 Date signed 3/25/46

RECEIVED

MAR 27 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

03013

Reg. Distr. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

9-45-15

VS A15 T

1. PLACE OF DEATH:

County..... Washington
City or town..... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 36 yrs.

Hospital, Institution, or street address where death occurred:

318 W. Franklin St.

How long in hospital or institution?

3. (a) FULL NAME

Anna A. Kline

| | | |
|--------|------------------|--|
| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
| Female | White | Widow |

8. (b) Name of husband or wife..... Luke Kline

7. Birth date of deceased (mo., day, yr.)..... July 23, 1868

| | | | |
|---------------|--------|------|----------------------|
| 8. AGE: Years | Months | Days | If less than one day |
| 77 | 8 | 4 | hrs. min. |

9. Birthplace..... Cherry Run, W. Va.
(Town, county, and state)

10. Usual occupation..... Home Duties

11. Industry or business

12. Name..... Henry C. Bowers

13. Birthplace W. Va.

14. Maiden name..... Unknown

15. Birthplace..... Unknown

16. Informant..... Mrs. E. L. Kline
Address..... 318 W. Franklin St. - Hagerstown17. Burial..... Date thereof..... Mar. 30-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Rose Hill Cemetery

Location..... Hagerstown, Md.

18. Funeral director..... Fred W. Kraiss

Address..... Hagersstown

19. Date rec'd by registrar..... Mar. 30, 1946
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Washington

City or town..... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No..... 318 W. Franklin St.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 27, 1946 19 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 20 Mar. 19 46, to 27 Mar. 19 46

and that I last saw her alive on 26 Mar. 19 46

Immediate cause of death

Arterio sclerotic cardio vascular disease with myocardial failure

DURATION

10 yrs +

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

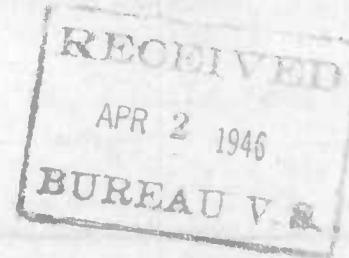
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Signature..... F. F. Lusby
M. D. or otherAddress..... 230 N. Baltimore
Date signed..... Mar. 30, 1946



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *B12*

CERTIFICATE OF DEATH

03014

Reg. Dist. No.

302

1. PLACE OF DEATH:

Washington

Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 65 years

Hospital, institution, or street address where death occurred:

Washington County Home

How long in hospital or institution? 6 days

3. (a) FULL NAME

Robert D. Kochenour

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

divorced

6.(b) Name of husband or wife

Rachel May

6.(c) If alive, give age years

1880

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Months Days It less than one day
about 66

hrs.

min.

9. Birthplace Ringgold, Wash., Md.

(Town, county, and state)

10. Usual occupation Plummer

11. Industry or business Fridinger & Co.

12. Name Harry Kochenour

13. Birthplace Hagerstown, Md.

14. Maiden name Mary C. Nottingham

15. Birthplace Unknown

16. Informant Mrs. Charles Kochenour

Address Hagerstown, Md.

17. Burial Date thereof 4-2-46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill

Location Hagerstown, Md.

18. Funeral director Scott F. Minnich & Son

Address Hagerstown, Md.

19. Mar. 31 1946

Death Record

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wash.

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. Liberty St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

214-09-9636

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30, 1946 at 7:10a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar. 20 1946 to Mar. 30 1946

and that I last saw him alive on Mar. 20 1946

Immediate cause of death

Chronic Intestinal
irritability

Due to

Congestive Heart Failure

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

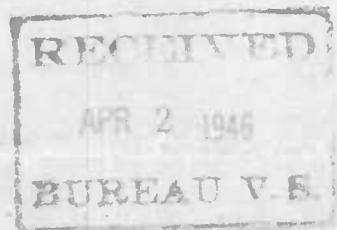
Injured at work?

23. SIGNATURE

Ernest F. Pollock

M. D. or other

Address Hagerstown, Md. Date signed 3/30/46



VS A15 9-45-15
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of information is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(70-2)

03015

Reg. Dist. No. 307

FILM NO. I O 1 APR 1 - 1946

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:
Washington County Hospital

How long in hospital or institution?

3. (a) FULL NAME

William A. Litten

| | | |
|--|------------------|---|
| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
| Male | White | Married |
| 6.(b) Name of husband or wife..... Ellen Berger | | |
| 6.(c) If alive, give age 40 years | | |
| 7. Birth date of deceased (mo. day, yr.) October 7, 1902 | | |
| 8. AGE: Years Months Days If less than one day | | |
| 43 5 19 hrs. min. | | |
| 9. Birthplace..... Virginia (Town, county, and state) | | |
| 10. Usual occupation..... B&O. R.R. | | |
| 11. Industry or business..... Conductor | | |
| 12. Name..... William Albert Litten | | |
| 13. Birthplace..... Virginia | | |
| 14. Maiden name..... Lucy Coffman | | |
| 15. Birthplace..... Virginia | | |
| 16. Informant..... Ellen Litten | | |
| Address..... Brunswick Md. | | |
| 17. Burial Date thereof..... March 29, 1946 (Burial, cremation, or removal. Which?) | | |
| Cemetery or crematory..... Park Heights Cemetery | | |
| Location..... Brunswick, Maryland | | |
| 18. Funeral director..... C. N. Felt & Bro | | |
| Address..... Brunswick Md. | | |
| 19. (Date rec'd by registrar) March 26, 1946 | | |

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26, 1946 at 2:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19... to 19...
and that I last saw h... alive on 19...

Immediate cause of death.....

Fractured skull (closed)

Fractured left ulna (closed)

DURATION 4 days

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... None

Date of op.

Autopsy results..... None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Accident Date of 3/28/46

Last of Funkstown Wash. Md.

Where did injury occur? Highway, 1 mile east Funkstown, Md.

Injured at home, farm, industry, public place (where?)

Means of injury Hit culvert Injured at work? No

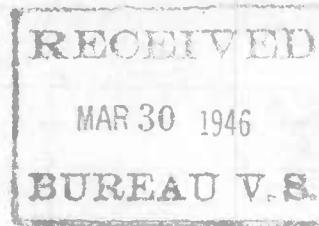
23. SIGNATURE..... Robert Wells WASH. CO., MD.

M. D. or

DEPUTY MEDICAL EXAM.

Address..... Hagerstown, Md. Date signed Mar. 26/46

Chas Bowens
928 Mulberry Ave.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 96

03016

Dr. Poole

CERTIFICATE OF DEATH

Reg. Diat. No....302

1. PLACE OF DEATH:

Washington

County.....

WITHIN CORPORATE LIMITS

City or town.....

Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

3 Years

Hospital, Institution, or street address where death occurred:

Middleburg Pike

How long in hospital or institution?.....

3. (a) FULL NAME

Mrs Laura Agnes Long

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Widowed

6. (b) Name of husband or wife.....

McCelland

7. Birth date of deceased (mo., day, yr.)

Dec. 19 1859

6. (c) If alive, give age.....years

8. AGE: Years

Months

Days

If less than one day

86

3

16

hrs.

min.

9. Birthplace.....

Fairplay Wash. Co. Md.

(Town, county, and state)

10. Usual occupation.....

Housewife

11. Industry or business.....

Own Home

12. Name.....

Henry Line

13. Birthplace.....

Tilginanton Md.

14. Maiden name.....

Anna Middlekauff

15. Birthplace.....

Spielmans Md.

16. Informant.....

Fred M. Long

Address

Hagerstown Md.

17. Burial.....

Date thereof.....

3/8/46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Manor Cemetery

Location.....

Tilghmanton Md.

18. Funeral director.....

Andrew K. Coffman

Address

Hagerstown Md.

March 8 1946
(Date rec'd by registrar)Death, Bowers
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....Washington

City or town.....Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.....Middleburg Pike

(If rural, give LOCATION)

2.(a) If veteran, name war.....None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

March 5

19 46 at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1st 1946 to Mar 5 1946
and that I last saw her alive on Feb 27 1946

Immediate cause of death.....

Pulmonary Hemorrhage

Due to Ruptured aneurism. c/w G.R.

Not due to tuberculosis.

Due to Mitral Stenosis

DURATION

5 min

1 yr.

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results No autopsy could be obtained.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

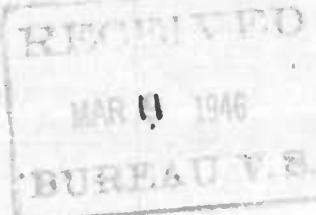
Injured at work?

23. SIGNATURE.....

Ernest A. Poole

M. D. or other

Address.....Hagerstown Md. Date signed 3/6/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Prather
U5017

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Minutes

Hospital, Institution, or street address where death occurred:

Washington Co. Hospital

How long in hospital or institution?

3. (a) FULL NAME

Mary Elizabeth Long

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

Single

6.(b) Name of husband or wife

B.(c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

June 16 1945

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace Hagerstown Wash. Co. Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Mason F. Long

13. Birthplace Big Springs Md.

14. Maiden name Sarah Socks

15. Birthplace Hagerstown Md.

16. Informant Mason F. Long

Address Hagerstown Md.

17. Burial

(Burial, cremation, or removal. Which?) Date thereof 4/2/48

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. April 2 1948 (Date record by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 674 Penna. Ave

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30

19. 46 at 7 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to

19.

and that I last saw h. alive on

19.

Immediate cause of death

Acute bronchial pneumonia

Due to

DURATION

12 hrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

J. Robert Wells DEPUTY MEDICAL EXAM.
WASH. CO. MD.
M. D.

Address Hagerstown, Md.

Date signed 4/1/48

RECEIVED

APR 4 1946

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 332

CERTIFICATE OF DEATH

03018

302

Reg. Dist. No.

1. PLACE OF DEATH:
 County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
 Hospital, institution, or street address where death occurred:
 725 Chestnut St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 725 Chestnut St.
 (If rural, give LOCATION)

3. (a) FULL NAME
 Elias H. Longman

3. (b) Social Security Number
 None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

B.(b) Name of husband or wife Ella Longman

7. Birth date of deceased (mo., day, yr.) April 3, 1862
 B.(c) If alive, give age years

8. AGE: Years Months Days If less than one day
 83 11 17 hrs. min.

9. Birthplace Fredrick Co. Md.
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER
 12. Name George Longman
 13. Birthplace Fredrick Co. Md.

MOTHER
 14. Maiden name Elizabeth -----
 15. Birthplace Fredrick Co. Md.

18. Informant Mrs. Ella Longman
 Address Hagerstown, Md.

17. Burial Date thereof March 21, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director F. W. Kraiss
 Address Hagerstown, Md.

19. (Date rec'd by registrar) March 21, 1946

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18, 1946 19 at 1:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 4, 1944 to Mar. 18, 1946 and that I last saw him alive on March 17, 1946.

Immediate cause of death

Cerebral Hemorrhage 4 days

Due to

Other conditions Arteriosclerosis 3 years

(Include pregnancy within 3 months of death)

Major findings of operations No operations Date of op.

Autopsy results No autopsy Date of op.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of

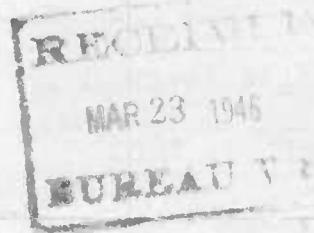
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE La Bell M. D. or other

Date signed 3/19/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 7402

03019

CERTIFICATE OF DEATH

Reg. Dist. No. 302

300

1. PLACE OF DEATH: Washington
 County.....
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death..... 30 years.
 Hospital, Institution, or street address where death occurred: 9 Cypress Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland
 County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 9 Cypress
 (If rural, give LOCATION)

3. (a) FULL NAME Charles E. Maxwell

3. (b) Social Security Number
214-09-6048

| | | |
|--------|------------------|---|
| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
| Male | White | Married |

8.(b) Name of husband or wife..... Emma Maxwell

7. Birth date of deceased (mo., day, yr.) October 6, 1875

8. AGE: Years Months Days It less than one day
 70 5 7 hrs. min.

9. Birthplace..... Kennett Square - Chester - Pa.
 (Town, county, and state)

10. Usual occupation..... Painter

11. Industry or business

MOTHER FATHER
 12. Name..... C N K Nowy
 13. Birthplace

14. Maiden name.....
 15. Birthplace

16. Informant..... Mrs. Emma Maxwell
 Address 9 Cypress St. - Hagerstown, Md.

17. Burial Date thereof..... Mar. 15, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Rose Hill Cemetery
 Location..... Hagerstown, Md.

18. Funeral director..... Fred W. Kraiss
 Address..... Hagerstown, Md.

19. March 15 1946 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

2d. DATE OF DEATH March 13, 1946 19 9:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 13 1946 to March 13 1946 and that I last saw him alive on March 13 1946.

Immediate cause of death

Due to coronary occlusion
 Coronary disease
 Severe asthmatic attack
 Due to

Other conditions Pinching of right inguinal hernia by heavy thumbs
 (Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide..... Date of

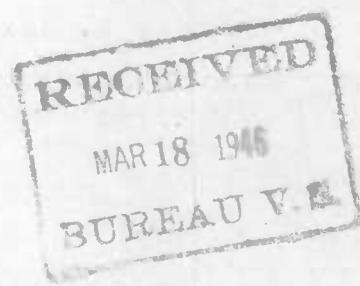
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE RB Mowment M.D.

M. D. or other 3/14/46
 Address..... Hagerstown Md Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

Dr. Wells
U302U

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

Washington County.....

Hagerstown City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 months

Hospital, institution, or street address where death occurred:

120 West Antietam St.

How long in hospital or institution?

3. (a) FULL NAME

Beverly Ann Myers

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Single

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) December 11 1945

8. AGE: Years Months Days If less than one day
3 21 .hrs. . min.9. Birthplace Hagerstown Wash. Co. Md.
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name Harold Myers

13. Birthplace Leitersburg Md.

14. Maiden name Helen Stone

15. Birthplace Chambersburg Pa.

16. Informant Harold Myers

Address Hagerstown Md.

17. Burial Date thereof 3/14/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Leitersburg Md. Cemetery

Location Leitersburg Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. March 4, 46 20. Death record number
(Date rec'd by registrar) 21. Death record number
Signature of Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 120 West Antietam St.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3

19 46, st 4:00 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 , to . 19 .

and that I last saw h. alive on .

19 .

Immediate cause of death

DURATION

Acute bronchial pneumonia

24 hrs.

Due to

Died to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

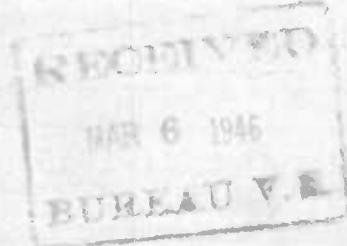
Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. Robert Wells WASH. CO., MD.
Address Hagerstown, Md. M. D. 3/4/46
Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

Dr. Ralph Stouffer

03021

305

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 week

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution? 1 Week

3. (a) FULL NAME

Mrs. Ella Spidle Myers

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Otho Preston

6.(c) If alive, give age 63 years
7. Birth date of deceased (mo., day, yr.) June 3 18848. AGE: Years Months Days If less than one day
61 9 14 hrs. min.8. Birthplace Clearspring Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name John Spidle

13. Birthplace Clearsprings Md.

14. Maiden name Virginia Barnhart

15. Birthplace Clearsprings Md.

16. Informant Otho P. Myers

Address Clearsprings Md.

17. Burial Date thereof 3/19/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location near Clearspring Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Mar. 18. 1946 Death record
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Clearsprings Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 236 Cumberland st.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH March 17 1946 19 at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 12, 1946, to Mar. 17, 1946, and that I last saw her alive on March 17, 1946.

Immediate cause of death

Chr. hypertensive heart disease

DURATION

years

Due to

Due to

Other conditions Chronic bronchitic asthma

years

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

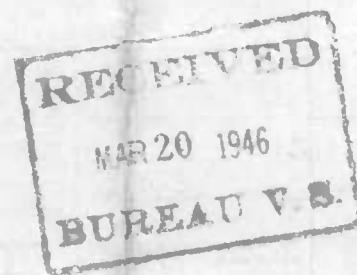
Means of injury

Injured at work?

23. SIGNATURE

R. L. Stauffer, M. D. or other

Address Hagerstown, Md. Date signed Mar. 18, 1946



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2d

03022

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington County
City or town Hagerstown Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 days

Hospital, Institution, or street address where death occurred:
Washington County Hospital

How long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
City or town Williamsport, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 35 E. Salisbury St.
(If rural, give LOCATION)

3. (a) FULL NAME

William Edward Myers

| | | |
|--------|------------------|--|
| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
| Male | White | Married |

6. (b) Name of husband or wife Tillie Grove Myers

7. Birth date of deceased (mo., day, yr.) Aug. 5 1874

| | | | | |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 71 | 7 | 24 | hrs. min. |

9. Birthplace Clearspring Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Joseph Myers

13. Birthplace Upton Pa.

14. Maiden name Jemima Wiley
Big Poole Md.

16. Informant Tillie Grove Myers

Address 35 E. Salisbury St. Williamsport

17. Burial Date thereof April 2 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenlawn Cemetery

Location Williamsport, Maryland

18. Funeral director Edith V. Leaf

Address #7 Church St. Williamsport, Md.

19. April 1 1946 Phast Bowers,
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/29/46 19 8:50 P.M.
3/26/46 19 10 3/29/46 19

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
and that I last saw him alive on 3/29/46 19 10 3/29/46 19
Immediate cause of death Acute Dilatation of Heart DURATION
immediate

Due to: Cubicular Fibrillation 3 Days
Valvular Heart Disease

Due to: C Decompenstation 2 weeks
Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

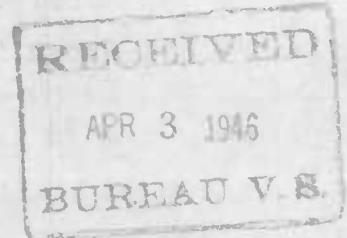
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Ragel G. Govee M. D. or other
Williamsport, Md. Date signed April 46
Address



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

03023

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

Washington
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

64 years

Hospital, Institution, or street address where death occurred:

315 Central Avenue

How long in hospital or institution?.....

3.(a) FULL NAME

Arthur Thompson Obitts

3.(b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife.....

Emma K. Obitts

7. Birth date of deceased (mo. day, yr.)

Dec, 17, 1876

8.(c) If alive, give age.....years

8. AGE:

Years

Months

Days

If less than one day

....hrs.min.

9. Birthplace..... Williamsport Wash. Co., Md.
(Town, county, and state)

10. Usual occupation..... Retired Penn. R. R. Emp.

11. Industry or business

Boiler Maker

12. Name..... George Obitts

13. Birthplace..... Curay, Va.

14. Maiden name..... Caroline Wolf

15. Birthplace..... Williamsport, Md.

16. Informant..... Mrs. Emma K. Obitts

Address 315 Central Ave.- Hagerstown, Md.

17. Burial

Date thereof..... Apr. 3 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Rest Haven Cemetery

Location..... Hagerstown, Md.

18. Funeral director..... Fred W. Kraiss

Address..... Hagerstown, Md.

19. (Date rec'd by registrar) April 2 1946

Signature..... Chas. Powers

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Washington

City or town..... Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 315 Central Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war..... No

MEDICAL CERTIFICATION

March 31, 1946 4:15 P.M.

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 24 1946 to March 31 1946

and that I last saw him..... alive on March 31 1946

Immediate cause of death..... Cerebral Hemorrhage

Due to..... Hypertension

Due to.....

Other conditions..... Coronary sclerosis 1 ya?

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

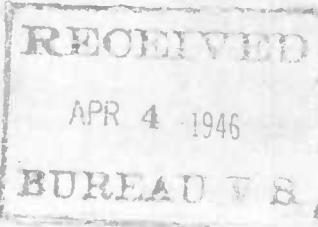
Injured at work?

23. SIGNATURE..... Dr. J. Layman MD.

M. D. or other

Address..... 100 Professional Ct. Bldg. Date signed..... April 1946

Hagerstown, Maryland.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46D X

CERTIFICATE OF DEATH

03024

Reg. Dist. No.

303

1. PLACE OF DEATH:
County Washington County

City or town Big Springs Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs

Hospital, Institution, or street address where death occurred:
Big Springs Md.

How long in hospital or institution?

3. (a) FULL NAME
William Henry Patton

| | | |
|-------------|------------------------|---|
| 4. Sex Male | 5. Color or race White | 6.(a) Single, married, widowed, or divorced Married |
|-------------|------------------------|---|

6.(b) Name of husband or wife Minnie Florence Patton
Big Springs Md.

7. Birth date of deceased (mo., day, yr.) Jan. 30 1864

| | | | |
|------------------|----------|---------|--|
| 8. AGE: Years 82 | Months 1 | Days 21 | If less than one day hrs. min. |
|------------------|----------|---------|--|

9. Birthplace Clearspring District Md.
(Town, county, and state)

10. Usual occupation Watchman on Rail Road

11. Industry or business Rail Road

| | |
|---------------|----------------------------------|
| MOTHER FATHER | 12. Name Henry Patton |
| | 13. Birthplace Williamsport, Md. |

| | |
|--|---------------------------------|
| | 14. Maiden name Jane Baker |
| | 15. Birthplace Hancock Maryland |

| |
|------------------------------|
| 16. Informant Clara Sharon |
| Address Big Springs Maryland |

| | |
|---|----------------------|
| 17. Burial | Date thereof 3-26-46 |
| (Burial, cremation, or removal. Which?) | (month) (day) (year) |

| |
|---|
| Cemetery or crematory Pinesburg Mennonite |
| Location Pinesburg Md. |

| |
|---|
| 18. Funeral director Edith V. Leaf |
| Address #7 Church St. Williamsport, Md. |

| |
|----------------------------------|
| 19. March 26 46 Joseph W. Murray |
| (Date rec'd by registrar) |

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Big Springs Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. Big Springs Md.
(If rural, give LOCATION)

2.(a) If veteran, name war No.

3. (b) Social Security Number None

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 23, 1946, at 12 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1, 1946, to Mar 23, 1946, and that I last saw him alive on Mar. 23, 1946.

Immediate cause of death
Carcinoma of Liver DURATION 1 year

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

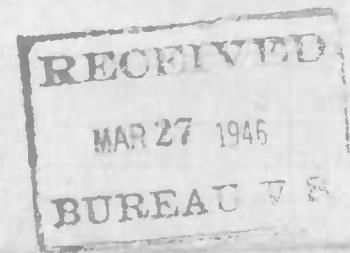
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE David R. Brewer MD M. D. or other

Date signed 3/25/46

Address Bear Spring Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Ditto
03025

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Chewsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 65 Years

Hospital, Institution, or street address where death occurred:

Main St.

How long in hospital or institution?

3. (a) FULL NAME

Miss Mamie Bell Poffenberger

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo. day, yr.) April 12 1880

8. AGE: Years Months Days If less than one day

65 11 1 hrs. min.

9. Birthplace Chewsville Wash Co. Md.

(Town, county, and state)

10. Usual occupation Supervisor

11. Industry or business Hagerstown Mfg. Co.

12. Name Henry J. Poffenberger

13. Birthplace Myersville Md.

14. Maiden name Anna Elizabeth Rudisill

15. Birthplace Smithsburg Md.

16. Informant Miss Fannie Poffenberger

Address Chewsville Md.

17. Burial Date thereof 3/15/46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Smithsburg Cemetery

Location Smithsburg Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. March 14 1946 (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Chewsville (If outside city or town limits, write RURAL and give nearest town)

Street No. Main St

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

214-09-0556

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1946 19 at 3 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her alive on Mar 6 1946

Immediate cause of death

Cerebral

Due to

DURATION

1 year

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

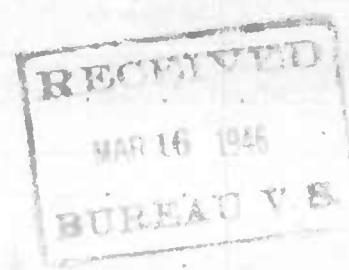
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Hagerstown Md. Date signed 3/14/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-14

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Washington
County.....

City or town..... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 20 Years

Hospital, institution, or street address where death occurred:

Mt. Etna Road..... None
None

How long in hospital or institution?.....

3. (a) FULL NAME

Charles Edward Ricketts

| | | |
|--------|------------------|---|
| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
| Male | White | Widower |

6.(b) Name of husband or wife..... Josaphine

7. Birth date of deceased (mo., day, yr.)..... August 13 1867
(c) If alive, give age - years

| | | | |
|---------------|--------|------|----------------------|
| 8. AGE: Years | Months | Days | If less than one day |
| 78 | 7 | 3 | hrs. min. |

9. Birthplace..... Washington D.C.
(Town, county, and state)

10. Usual occupation..... Watchman B. & Q.R.R.

11. Industry or business..... Retired

| |
|------------------------------------|
| 12. Name..... Robert Ricketts |
| 13. Birthplace..... Buckystown Md. |

| |
|-------------------------------------|
| 14. Maiden name..... Sarah E. Dixon |
| 15. Birthplace..... Buckystown Md. |

| |
|--|
| 16. Informant..... Mrs. Rosalie Henson |
| Address..... Hagerstown Md. |

| | |
|---|---------------------------|
| 17. Burial..... | Date thereof..... 3/20/46 |
| (Burial, cremation, or removal. Which?) | (month) (day) (year) |

| |
|---|
| Cemetery or crematory..... Mountain View Cemetery |
| Location..... Sharpsburg Md. |

| |
|---|
| 18. Funeral director..... Andrew K. Coffman |
| Address..... Hagerstown Md. |

| | |
|---|----------------------------|
| 19. Date rec'd by registrar..... March 20, 1946 | Signature..... Sharp Boers |
| (Date rec'd by registrar) | Registrar..... |

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland County..... Washington
City or town..... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No..... Mt. Etna Road
(If rural, give LOCATION)

2.(a) If veteran, name war..... None

3. (b) Social Security Number
None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 17 1946 19 at 6.15 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 17 to Mar. 17, 1946
and that I last saw him alive on March 9, 1946

Immediate cause of death..... Hypertension cardiovascular 1 year,
renal disease.

Due to.....

Due to.....

Other conditions..... None

(Include pregnancy within 3 months of death)

Major findings of operations..... No operations

Date of op.....

Autopsy results..... No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide..... Date of.....

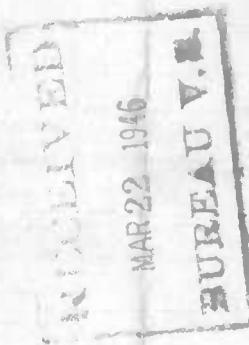
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... LaBee M. D. or other

Address..... Hagerstown Md. Date signed..... 3/20/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3-D

CERTIFICATE OF DEATH

03027

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

| | | | | |
|--|------------------|--|----------------------|---|
| 1. PLACE OF DEATH: | | <i>Washington County</i> | | |
| County | Baltimore | | | (If outside city or town limits, write RURAL and give nearest town) |
| City or town | | <i>Baltimore</i> | | |
| How long in above place of death? | | <i>5 years</i> | | |
| Hospital, Institution, or street address where death occurred: | | <i>Saint Mary's Home for the Aged</i> | | |
| How long in hospital or institution? | | <i>5 years</i> | | |
| 3. (a) FULL NAME | | <i>Laura Virginia Rose</i> | | |
| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced | | |
| <i>Female</i> | <i>White</i> | <i>Widowed</i> | | |
| 8. (b) Name of husband or wife | | <i>James Rose</i> | | |
| 7. Birth date of deceased (mo., day, yr.) | | <i>October 18 - 1862</i> | | |
| 8. AGE: | | Years | Months | Days |
| | | <i>83</i> | <i>5</i> | <i>0</i> |
| 8. (c) If alive, give age | | years | | |
| 9. Birthplace | | <i>Frederick Co. Maryland</i> | | |
| (Town, county, and state) | | | | |
| 10. Usual occupation | | <i>Housewife</i> | | |
| 11. Industry or business | | <i>at Home</i> | | |
| FATHER | 12. Name | | | <i>Elder John H. Rose</i> |
| MOTHER | 13. Birthplace | | | <i>Maryland</i> |
| 14. Maiden name | | <i>Margaret Keller</i> | | |
| 15. Birthplace | | <i>Maryland</i> | | |
| 16. Informant | | <i>William H. Mann</i> | | |
| Address | | <i>Union Bridge Maryland</i> | | |
| 17. Burial | | Date thereof | <i>March 21-1946</i> | |
| (Burial, cremation, or removal, Which?) | | (month) | (day) | (year) |
| Cemetery or crematory | | <i>Pipe Creek Cemetery</i> | | |
| Location | | <i>Thomontown Road</i> | | |
| 18. Funeral director | | <i>D. D. Hartley & Sons</i> | | |
| Address | | <i>Union Bridge New Windsor Md</i> | | |
| 19. March 18- 1946 | | <i>John H. Best</i> | | |
| (Date rec'd by registrar) | | Registrar | | |

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

| | | | |
|---|-----------------|---------------------|----------------|
| State | <i>Maryland</i> | County | <i>Carroll</i> |
| City or town | | <i>Union Bridge</i> | |
| (If outside city or town limits, write RURAL and give nearest town) | | | |
| Street No. | | | |
| (If rural, give LOCATION) | | | |

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2d. DATE OF DEATH *March 18 1946*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *March 18 1946* to *March 18 1946* and that I last saw her alive on *March 18 1946*

Immediate cause of death

Chronic Myoencephalitis

DURATION

10 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

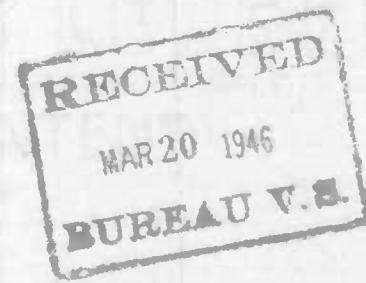
W. H. Best M.D.

M. D. or other

Union Bridge

Date signed

3/18/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

CERTIFICATE OF DEATH

03028

Reg. Dist. No. 302

1. PLACE OF DEATH:

Washington

County

Hagerstown, Maryland

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution?

2 weeks

3. (a) FULL NAME

George S. Shrader

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Widower

6.(b) Name of husband or wife

Annie M. Shrader

7. Birth date of deceased (mo., day, yr.)

October 17, 1873

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

72

4

21

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Janitor

11. Industry or business

Y.M.C.A.

MOTHER

FATHER

Name

George W. Shrader

Birthplace

Greencastle, Pa.

14. Maiden name

Mary A. Downey

MOTHER

Name

Greencastle, Pa.

15. Birthplace

Greencastle, Pa.

16. Informant

Mary B. Shrader

Address

Washington, D.C.

17. Burial

Date thereof 3-12-46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Rose Hill Cemetery

Cemetery or crematory

Location

Hagerstown, Maryland

18. Funeral director

C. M. Suter & Sons

Address

Hagerstown, Maryland

19. Date rec'd by registrar

March 12, 1946

(Date rec'd by registrar)

Registrar

B. L. Powers

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 147 North Potomac Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 March

1946 at 6:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

25 Feb 1946 to 10 March 1946

and that I last saw him alive on 9 March 1946

Immediate cause of death

Epithelioma Face
Mixed Tumor rt. Parotid

DURATION

2 yrs
1 1/2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

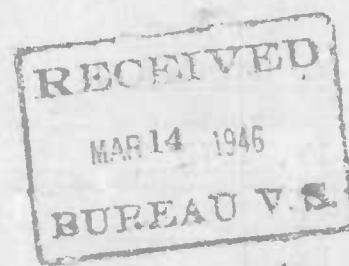
23. SIGNATURE

F. F. Luebby

M. D.

239 N. Potomac

Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

03024

3

Reg. Dist. No. 307

1. PLACE OF DEATH:

County..... Washington
 City or town..... Samples Manor Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Hospital, Jerry W. Va. R. I.
 at Home

How long in hospital or institution?

3. (a) FULL NAME

Della Regina Smith

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white Single

6. (b) Name of husband or wife..... Single

7. Birth date of deceased (mo. day, yr.) December 13, 1945

8. AGE: Years Months Days If less than one day

3 14 .hrs. .min.

9. Birthplace Samples Manor Wash. Co. Md.

(Town, county, and state)

10. Usual occupation..... None

11. Industry or business..... at Home

12. Name..... Melvin S. Smith

13. Birthplace Chestnut Esrow Wash. Co. Md.

14. Maiden name..... Edna Irene Keener

15. Birthplace Keyser W. Va.

16. Informant..... Melvin Smith

Address..... Harpers Ferry W. Va. R. I.

17. Burial..... Date thereof March 29, 1946

(Burial, cremation, or removal. Which?)

Cemetery or crematory..... Samples Manor Cemetery

Location..... Samples Manor Md.

18. Funeral director..... T. W. J. Boat & Sons

Address..... Boonsboro Md.

19. Date rec'd by registrar..... Mar. 29, 1946

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Washington

City or town..... Samples Manor Rural

Street No..... Harpers Ferry W. Va. R. I.

(If rural, give LOCATION)

2.(a) If veteran, name war..... None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 27, 1946, at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19... to 19...

and that I last saw h... alive on 19...

Immediate cause of death.....

acute broncho pneumonia

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Autopsy results..... Date of op.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Robert Wells DEPUTY MEDICAL EXAMINER

WASH. CO., MD. M. D. or

Address..... Hagerstown, Md. Date signed 3/28/46

RECEIVED

APR 3 1946

BUREAU OF E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

03030

Reg. Dist. No. 362

1. PLACE OF DEATH:

County..... Washington
 City or town..... Claude, Cheverville
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 year

Hospital, institution, or street address where death occurred: Home of Morning Star

How long in hospital or institution?

3. (a) FULL NAME

L. Elmer Smith

4. Sex m. 5. Color or race w. 6.(a) Single, married, widowed, or divorced s.

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1886 8.(c) If alive, give age years

8. AGE: Years 59 Months 6 Days 3 If less than one day hrs. min.

8. Birthplace..... Franklin Co., Pa.
 (Town, county, and state)

10. Usual occupation..... Farmer & Blacksmith

11. Industry or business

12. Name..... John W. Smith

13. Birthplace..... Md.

14. Maiden name..... Mary Ann Elizabeth Smith

15. Birthplace..... Md.

16. Informant..... Rufus Smith

Address..... Waynesboro Pa #4

17. Burial Date thereof March 16 1946
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory..... Harbaugh Cemetery

Location..... near Midvale, Pa

18. Funeral director..... Walter V. Groce

Address..... Waynesboro, Penna

19. March 15 1946 Chest Powers
 (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md. County..... Washington

City or town..... Rural (If outside city or town limits, write RURAL and give nearest town)

Street No..... Hagerstown Rd #2 (If rural, give LOCATION)

2.(a) If veteran, name war..... World War #1

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Mar 13 1946 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 13 1946 to Mar 13 1946 and that I last saw him alive on Mar 13 1946

Immediate cause of death.....

Spontaneous Thrombosis 15 min. DURATION

Due to..... Circulatory & Cerebral 8 yrs

from.....

Due to.....

Other conditions..... ✓

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

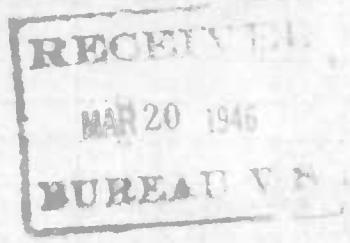
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury..... Injured at work?

23. SIGNATURE..... M. D. or other.....

Address..... 511 1/2 S. Main Street Date signed..... 3/13/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 100

03031

308

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

at Work

How long in above place of death?

Hospital, institution, or street address where death occurred:

at place of employment

How long in hospital or institution?

3. (a) FULL NAME

Raymond F. Smith

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Luella Smith

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

February - 9 - 1901

8. AGE:

Years

Months

Days

If less than one day

45

1

9

hrs.

min.

9. Birthplace

Mt. Lena Wash. Co. Md.

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

Construction Work.

12. Name

Edward Smith

13. Birthplace

Wash. Co. Md.

14. Maiden name

Jamie Arnold

15. Birthplace

Wash. Co. Md.

16. Informant

Mrs. Luella Smith

Address

Boonsboro Md. R. 2

17. Burial

Date thereof March 21, 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Fairview Cemetery

Location

near Maysville Md.

18. Funeral director

Wm. J. Best & Sons

Address

Boonsboro Md.

19. Date rec'd by registrar

Mar. 19, 1946

Prestonwood

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Mt. Lena Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Boonsboro Md. R. 2

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

213-12-7261

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18, 1946, at 8:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to

19.....

and that I last saw h. alive on

Immediate cause of death

crushed and suffocated

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

accident Date of Mar. 18, 1946

Accident, suicide, or homicide

Where did injury occur? Hagerstown Wash. Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) N.Y. Iron Works

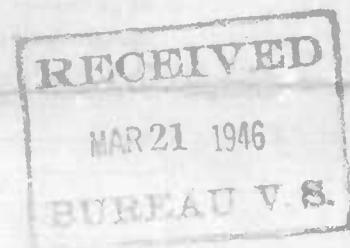
Means of injury rock fell at pit Injured at work? yes

S. Robert Wells ULTIMATE MEDICAL EXAM.

WASH. CO., MD. M. D. registered

Address Hagerstown Md. Date signed 3/19/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46-01/2

CERTIFICATE OF DEATH

03032

Reg. Dist. No. 302

1. PLACE OF DEATH:

County..... Washington
 City or town..... Hagerstown, R. D. 2
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Nettie Ward Sperow

4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced

Female White Married

6.(b) Name of husband or wife..... Russell Sperow

7. Birth date of deceased (mo., day, yr.) Oct 2, 1877 6.(c) If alive, give age..... years

8. AGE: Years Months Days If less than one day
68 5 2 hrs. min.9. Birthplace..... Berkeley County, W. Va.
(Town, county, and state)

10. Usual occupation..... Home work

11. Industry or business

| | | |
|---------------|----------------------|-------------------------|
| MOTHER FATHER | 12. Name..... | George G. Swimley |
| | 13. Birthplace | Berkeley County, W. Va. |
| MOTHER | 14. Maiden name..... | Emma V. Evans |
| | 15. Birthplace | Berkeley County, W. Va. |

16. Informant..... Russell Sperow
 Address..... Hagerstown, R. D. #217. Burial Date thereof..... Mar. 7, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Rosedale

Location..... Martinsburg

18. Funeral director..... Howard K. Brown
 Address..... Martinsburg, W. Va.

19. March 6, 1946 (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Washington
 City or town..... Hagerstown, R. D. 2
(If outside city or town limits, write RURAL and give nearest town)
 Street No.....
(If rural, give LOCATION) no

2.(a) If veteran, name war.....

3. (b) Social Security Number
no

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... March 4, 1946, at 7:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1943 18. to March 4, 1946.

and that I last saw her alive on March 4, 1946.

Immediate cause of death.....

Carcinoma of Colon DURATION
4 yrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Ante mortem results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

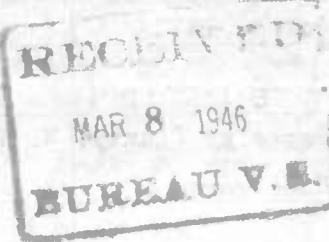
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... B. B. Buehler, M.D.

M. D. or other

Address..... 1458 W. Wash. St., Hagerstown, Date signed..... 3/4/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2D

Dr. Yeager

03033

Reg. Dist. No. 308

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County Washington
City or town Smithsburg
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 Years

Hospital, Institution, or street address where death occurred:
Water St.

How long in hospital or institution?

3. (a) FULL NAME

George David Stem

| | | |
|--------|------------------|---|
| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
| Male | White | Married |

| | |
|-------------------------------|------------|
| 6.(b) Name of husband or wife | Anna Beard |
|-------------------------------|------------|

| | | | | |
|---|-------------|--------------------------|----|-------|
| 7. Birth date of deceased (mo., day, yr.) | Feb 13 1879 | 6.(c) If alive, give age | 57 | years |
|---|-------------|--------------------------|----|-------|

| | | | | |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | It less than one day |
| | 67 | 1 | 13 | hrs. min. |

| | | |
|---------------|----------------------------|---------------------------|
| 9. Birthplace | Williamsport Wash. Co. Md. | (Town, county, and state) |
|---------------|----------------------------|---------------------------|

| | |
|----------------------|----------|
| 10. Usual occupation | Operator |
|----------------------|----------|

| | |
|--------------------------|-----------------|
| 11. Industry or business | Filling Station |
|--------------------------|-----------------|

| | |
|----------|------------|
| 12. Name | David Stem |
|----------|------------|

| | |
|----------------|---------------|
| 13. Birthplace | Uniontown Md. |
|----------------|---------------|

| | |
|-----------------|---------------|
| 14. Maiden name | Sarah Lambert |
|-----------------|---------------|

| | |
|----------------|---------------|
| 15. Birthplace | Uniontown Md. |
|----------------|---------------|

| | |
|---------------|---------------|
| 16. Informant | Mrs Anna Stem |
|---------------|---------------|

| | |
|---------|----------------|
| Address | Smithsburg Md. |
|---------|----------------|

| | | | |
|---|--------------|---------|--------|
| 17. Burial | Date thereof | 3/28/46 | |
| (Burial, cremation, or removal. Which?) | (month) | (day) | (year) |

| | |
|-----------------------|---------------------|
| Cemetery or crematory | Smithsburg Cemetery |
|-----------------------|---------------------|

| | |
|----------|----------------|
| Location | Smithsburg Md. |
|----------|----------------|

| | |
|----------------------|-------------------|
| 18. Funeral director | Andrew K. Coffman |
|----------------------|-------------------|

| | |
|---------|----------------|
| Address | Hagerstown Md. |
|---------|----------------|

| | | |
|-------------|-----|---------------------------|
| 19. 3-27-46 | 19. | (Date rec'd by registrar) |
|-------------|-----|---------------------------|

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

| | | | |
|-------|----------|--------|------------|
| State | Maryland | County | Washington |
|-------|----------|--------|------------|

| | | |
|--------------|------------|---|
| City or town | Smithsburg | (If outside city or town limits, write RURAL and give nearest town) |
|--------------|------------|---|

| | | |
|------------|-----------|---------------------------|
| Street No. | Water St. | (If rural, give LOCATION) |
|------------|-----------|---------------------------|

| | |
|----------------------------|------|
| 2.(a) If veteran, name war | None |
|----------------------------|------|

3. (b) Social Security Number

219 - 13 - 2218

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1946 at 2:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 31, 1946 to March 26, 1946 and that I last saw him alive on March 25, 1946

Immediate cause of death Cerebral Hemorrhage
Skull Fracture - Left

Due to Galactorrhea
Tuberculous

Due to Tuberous Fibrosis

Due to Chronic Myocarditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE W. Howard Yeager

M. D. or other

Address Hagerstown, Md Date signed Mar 26, 1946

RECEIVED

APR 9 1946

BUREAU V.S.

Dr. W. M.

MARGIN RESERVED FOR BINDING

I

VS A15 T 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(832)

CERTIFICATE OF DEATH

113034

Reg. Dist. No. 305

1. PLACE OF DEATH:

County Washington

City or town Boonsboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 months

Hospital, institution, or street address where death occurred:

n. main st.
at Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Washington

City or town St. James

(If outside city or town limits, write RURAL and give nearest town)

Street No. Rural

(If rural, give LOCATION)

none

3. (a) FULL NAME

Mary Elizabeth Stotler

3. (b) Social Security Number

None

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Widowed

6. (b) Name of husband or wife

John M. Stotler

7. Birth date of deceased (mo., day, yr.)

July 28, 1862

6. (c) If alive, give age.....years

8. AGE:

Years

Months

Days

If less than one day

83

7

6

hrs.

min.

9. Birthplace

Washington Co. Maryland

(Town, county, and state)

10. Usual occupation

Housekeeper

11. Industry or business

own home

MOTHER FATHER

12. Name

Isaac Neely

13. Birthplace

Wash. Co. Md.

14. Maiden name

Catherine Griffy

15. Birthplace

Ireland

16. Informant

Emry Stotler

Address

Boonsboro Md.

17. Burial

Date thereof March 7, 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown Md.

18. Funeral director

Wm J. Baetz & Sons

Address

Boonsboro Md.

19. March 7, 1946
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4th 1946 at 4³⁰ P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

19...

to March 4th 1946

and that I last saw her alive on March 4th 1946

Immediate cause of death

Central Hemorrhage

DURATION

16 days

Due to Arterial Hypertension

24 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John H. Baetz M.D. or other

Address Boonsboro Md. Date signed 3/5/46

RECEIVED

MAR 9 1946

BUREAU F.B.I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1640

CERTIFICATE OF DEATH

03035

5
302

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Washington

City or town..... Old George Road Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

5 weeks.

Hospital, institution, or street address where death occurred:

Hagerstown Md. R. S.

How long in hospital or institution?

at Home.

3. (a) FULL NAME

Richard Lee Thomas

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

married

6. (b) Name of husband or wife

Mrs. Dern Thomas

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

November 24 - 1921

8. AGE:

Years

Months

Days

If less than one day

24

3

25

.hrs.

.min.

9. Birthplace

Hagerstown Md.

(Town, county, and state)

10. Usual occupation

U. S. Army

11. Industry or business

MOTHER FATHER

Norman Thomas

13. Birthplace

Sharpsburg Md.

14. Maiden name

Dorothy Elizabeth Hopkins

15. Birthplace

Polo Illinois

16. Informant

Mrs. Dern Thomas

Address

Hagerstown Md. R. S.

17. Burial

Date thereof... March 23, 1946
(Burial, cremation, or removal. Which?)

(month)

(day)

(year)

Cemetery or crematory

Mountain View Cemetery

Location

Sharpsburg Md.

Tony G. East & Son

18. Funeral director

Bonnie Md.

Address

March 20, 1946

Death Record

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Washington

City or town..... Old George Road - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No..... Hagerstown Md. R. S.

(If rural, give LOCATION)

2.(a) If veteran, name war..... World War II

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 19 1946 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to

19.....

and that I last saw h..... alive on

19.....

Immediate cause of death

gun shot wound
into shell

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

No

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Suicide

Date of

3/19/46

Where did injury occur

Hagerstown

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

RFD Pedlar Farm

Means of injury

22 rifle

Injured at work?

No

deputy chief

23. SIGNATURE

M. D. Deacon

Address

Hagerstown Md.

Date signed

3/20/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03036

320

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 years

Hospital, Institution, or street address where death occurred: Washington County Hospital

How long in hospital or institution? 3 days

3. (a) FULL NAME

J. Edward Vanaman

| | | |
|-------------|------------------------|--|
| 4. Sex Male | 5. Color or race White | 6.(a) Single, married, widowed, or divorced Divorced |
|-------------|------------------------|--|

6.(b) Name of husband or wife.....

6.(c) If alive, give age.....years
7. Birth date of deceased (mo. day. yr.) December 19, 1893

| | | | | |
|------------|---------|----------|--------|--------------------------------|
| 8. AGE: 52 | Years 3 | Months 5 | Days 5 | If less than one day hrs. min. |
|------------|---------|----------|--------|--------------------------------|

8. Birthplace Bridgeton, N. J.
(Town, county, and state)

10. Usual occupation Manager

11. Industry or business Moskin's Clothing Co.

12. Name Joseph Vanaman

13. Birthplace Salem Co. N. J.

14. Maiden name Emma Miller

15. Birthplace Bridgeton, N. J.

16. Informant Joseph Vanaman

Address Philadelphia, Pa.

11. Burial Forest Cemetery Date thereof Mar. 27, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Forest Cemetery

Location Philadelphia, Pa.

18. Funeral director C. M. Suter & Sons

Address Hagerstown, Maryland

19. Mar. 25. 1946 Death record Date rec'd by registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 15 South Potomac Street
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

217-09-9677

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24, 1946 at 7:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 22, 1946, to March 24, 1946, and that I last saw him alive on March 24, 1946.

Immediate cause of death Acute Cardiac Failure

Due to Myocarditis

Collapsing of heart-glass

Due to Collapsed lung-Ground Pulmonary tuberculosis (dry active) Cough

Other conditions

DURATION

2 days

2 days

2 days +

65 yrs

days

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. -

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

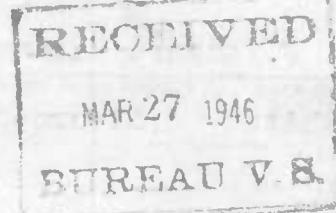
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. Howard Geiger M. D. or other _____

Address Hagerstown, Md. Date signed 3-25-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9-2

CERTIFICATE OF DEATH

03037

Reg. Dist. No. 302

279

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 days

Hospital, Institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution? 7 days

3. (a) FULL NAME

Rhoda Shives Vantz

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Widowed

B. (b) Name of husband ~~white~~ Clarence C. Shives

7. Birth date of deceased (mo. day, yr.)

January 29, 1874

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

72 & 2

— hrs. — min.

9. Birthplace

Washington Co., Maryland

(Town, County, and state)

10. Usual occupation

Housewife

11. Industry or business

~~12. Name~~ Joseph Shives

13. Birthplace Washington Co., Maryland

14. Maiden name Amy Hull

15. Birthplace Washington Co., Maryland

16. Informant J Guy Vantz

Address Hancock, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof March 4, 1946
(month) (day) (year)

Cemetery or crematory Rehobeth Methodist

Location Thompson Township, Fulton Co., Penna.

18. Funeral director Charles R. Bast

Address Hancock, Maryland

19. March 5, 1946
(Date rec'd by registrar)Death record
Shest Powers

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hancock

(If outside city or town limits, write RURAL and give nearest town)

Street No. High Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1, 1946, at 9⁵⁰A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 20, 1943, to March 1, 1946,

and that I last saw her alive on February 28, 1946.

Immediate cause of death

Gangrene R. t. lower Extremity

DURATION

10 days

Due to Embolus Pyleitis & Cataray

10 days

Due to Chronic Myocarditis

?

Other conditions Chronic Cholecystitis

?

(Include pregnancy within 8 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

Arie Robert Cren

M. D. or

Clear Spring, Md. Date signed 3/2/46

RECEIVED

MAR 5 1946

BUREAU F.B.I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

03038

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: Washington
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town) Hagerstown and 1 day

How long in above place of death? 1 day
 Hospital, institution, or street address where death occurred: Washington Co Hospital

How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State..... Md County Washington
 City or town..... RD 2
 (If outside city or town limits, write RURAL and give nearest town)

Street No..... Smithsburg
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

HAROLD H. WEBER

3. (b) Social Security Number

4. Sex m 5. Color or race w 6.(a) Single, married, widowed, or divorced S.

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) March 30. 1946 6.(c) If alive, give age years

8. AGE: Years 2 Months Days If less than one day
 hrs. min.

9. Birthplace..... near Smithsburg Md
 (Town, county, and state)

10. Usual occupation..... none

11. Industry or business

MOTHER FATHER 12. Name Edwin Weber
 13. Birthplace Hanover
 14. Maiden name Ira Hege
 15. Birthplace Baltimore

16. Interment..... Edwin Weber

Address Smithsburg RD 2 and 13

17. (Burial, cremation, or removal. Which?) Cemetery Date thereof Apr. 21 46 (month) (day) (year)

Cemetery or crematory Paradise

Location near Bed and AE Murrich

18. Funeral director..... Green castle Pa

Address 19. April 1 1946 Chest Powers

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1946 at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 20 1946 to March 31 1946 and that I last saw h. l. o. alive on March 31 1946

Immediate cause of death..... Pregnancy DURATION 1 1/2
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings at operations..... None Date of op.

Autopsy results..... None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

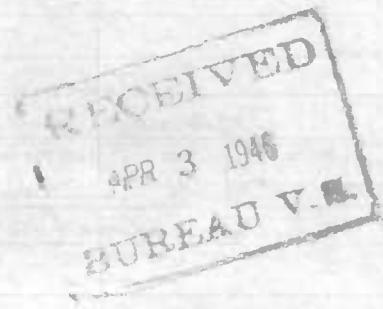
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Edwin Weber M. D. or other

Address 214 N. Pitt St. Date signed 4/1/46



Information 326
original order

W. P. K. HIC

-2-

forwarded S. P. S. 30 NOV

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 302

297

CERTIFICATE OF DEATH

03039
Reg. Dist. No. 302

1. PLACE OF DEATH:

County - WashingtonCity or town - Hagerstown and

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County HospitalStay in hospital or inst. (yrs., mos., or days) 3 days.Stay in this community (yrs., or mos., or days) 3 days.

3. (a) FULL NAME

Sudie Swannal Striffield4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6 (b) Name of husband or wife Charlie Striffield7. Birth date of deceased (mo., day, yr.) 1-186 (c) If alive, give age 63 years8. AGE: Years 65 Months 1 Days 25 If less than one day - hrs. - min.9. Birthplace Striffield, Fred Co and
(Town, county, and state)10. Usual occupation House Keeping.

11. Industry or business

12. Name William. Mirell13. Birthplace Near Striffield14. Maiden name Becky Harrison15. Birthplace Near Frederick16. Informant Charlie. StriffieldAddress Smithsburg. R.F.D.17. Burial Columbus & Son. Date thereof 3-17-1946
(Burial, cremation, or removal? Watch?) (month) (day) (year)Cemetery or crematory Near Pleasant Valley.Location Geo. B. Howard18. Funeral director Geo. B. HowardAddress Smithsburg and19. March 14 1946 Blast Powers
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown and Ward No. 1Street No. Washington Co Hospital (If rural give LOCATION)2(a) IF VETERAN, NAME WAR None

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

2D. DATE OF DEATH 13 March 1946, at 4:45 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10 March 1946 to 13 March 1946, and that I last saw her alive on 13 March 1946.

Immediate cause of death

Pneumonia
metabolic encephalopathy
Due to Liver, right lung,
Adrenals

DURATION

?

Due to

Other conditions Syphilis, cerebral 6 mo

6 mo

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy as above

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

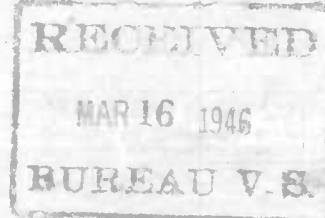
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R.W.D. Layman, M.D.
M.D. or other
Address 100 Professional Ct. Bldg. 13 Mar 1946
Date signed Hagerstown, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

Washington
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 Weeks

Hospital, Institution, or street address where death occurred: Hill Crest Nursing Home

How long in hospital or institution? 3 weeks

3. (a) FULL NAME

Mrs. Maude Adams Zeigler

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife Harvey William

7. Birth date of deceased (mo. day, yr.) November 22 1859
6.(c) If alive, give age years8. AGE: Years Months Days If less than one day
86 4 4 . hrs. . min.9. Birthplace Waynesboro Franklin Co. Pa.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER 12. Name John H. Adams

13. Birthplace Smithsburg Md.

14. Maiden name Elizabeth Stoner

15. Birthplace Waynesboro Pa.

16. Informant Mrs. James H. Lyne

Address Hagerstown Md.

11. Burial Date thereof 3/28/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. March 28 1946 *Frank H. Bowers*
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 307 Summit Ave

(If rural, give LOCATION) None

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION P

20. DATE OF DEATH March 26 1946 at 3:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 20, 1945, to March 26, 1946, and that I last saw her alive on March 26, 1946.

Immediate cause of death

*Cerebral hemorrhage
Paraplegia left side*

DURATION

10 days

Due to *arteriosclerosis*

1 year

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations *none*

Date of op.

Autopsy results *none*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE *W. Howard Yeager*M. D. or other
Address *Poplars Rd. Hagerstown* Date signed *3-27-46*

